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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046711 (5)

1. Corporation Name

BALLANTRAE COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

5290
5050 HIATUS ROAD
SUNRISE FL 33351
US

5290
5050 HIATUS RD
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

65-0499365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 5290 HIATUS RD.

26 5290 HIATUS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip Country

Zip Country

24 33351

29 33351

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VITALE, STEVEN G.
44 WEST FLAGLER ST-
14TH FLOOR
MIAMI, FL 33130

change of Address:
3228 Martins Downs Blvd
Suite 5
Palm City, FL 34990

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME VITALE, OTTO
STREET ADDRESS 4705 EAGLE TRACE BLVD Suite 5
CITY-ST-ZIP CORAL SPRINGS FL Palm City, FL 34990

1.1 TITLE P
1.2 NAME VITALE, OTTO
1.3 STREET ADDRESS 3228 Martin Downs Blvd / Ste. #5
1.4 CITY-ST-ZIP Palm City, FL. 34990

TITLE VP
NAME DAVIS, JAMES
STREET ADDRESS 5050 HIATUS ROAD 5290 Hiatus Rd.
CITY-ST-ZIP SUNRISE FL Sunrise, FL 33351

2.1 TITLE VP
2.2 NAME DAVIS, JAMES
2.3 STREET ADDRESS 5290 HIATUS ROAD
2.4 CITY-ST-ZIP SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

James R. Davis

4/16/98 954-572-2821

CR2E034 (10/97)