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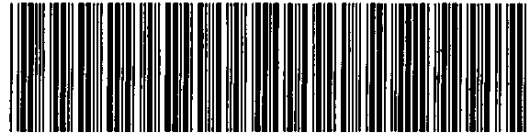
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ROSS EARLE & BONAN, P.A.

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ELIZABETH P. BONAN
JACOB E. ENSOR

ATTORNEYS AT LAW
ROYAL PALM FINANCIAL CENTER
SUITE 212
759 SOUTH FEDERAL HIGHWAY
STUART, FLORIDA 34994

MAILING ADDRESS:
POST OFFICE BOX 2401
STUART, FLORIDA 34995
(772) 287-1745
FAX (772) 287-8045

July 2, 2007

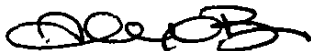
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Clerk,

Enclosed please find an Application for the registration of a trademark along with a check for filing fees. Please return a file stamped copy to our office in the enclosed postage paid envelope.

Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact this office.

Thank you,



Alexis D. Barron
Legal Assistant

ADB
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "BALLANTRAE"
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob Ensor
(Name of Person)

Ross, Earle & Bonan, P.A.
(Firm/Company)

759 S. Federal Highway, Suite 212
(Address)

Stuart, Florida 34997
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Elizabeth Bonan at (772) 287-1745
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2007

JACOB ENSOR
ROSS EARLE & BONAN, P.A.
759 S FEDERAL HIGHWAY STE 212
STUART, FL 34997

SUBJECT: BALLANTRAE
Ref. Number: W07000032988

We have received your document for BALLANTRAE and your check(s) totaling \$175.00. However, the document has not been filed and is being retained in this office for the following:

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We **DO NOT** accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 007A00044218

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1197 6245

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

PART I

1. (a) Applicant's name: Ballantrae Community Association, Inc.

(b) Applicant's business address: 3327 SE Ballantrae Blvd.

Port St. Lucie, Florida 34952

City/State/Zip

If different, Applicant's mailing address: _____

City/State/Zip

(c) Applicant's telephone number: (____) _____

- Individual Corporation Joint Venture Limited Liability Company
- General Partnership Limited Partnership Union Other: _____

If other than an individual,

(1) Florida registration/document number: N47147 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 582075244

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

The service mark is used in connection with community management services.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

Paper, letterhead, printed matter

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels, decals, letterhead, and signs

d) The class(es) in which goods or services fall:

Class 16, Class 35

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PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 1/31/1992 (b) Date first used in Florida: 1/31/1992

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

A shield with figurative elements surrounded by a laurel leaf wreath and a banner with the word "BALLANTRAE"

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " _____ " APART FROM THE MARK AS SHOWN.

I, RONALD CARNAHAN, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

BALLANTRAE COMMUNITY ASSOCIATION, INC
Typed or printed name of applicant

Ronald Carnahan
Applicant's signature

(List name and title) RONALD CARNAHAN
PRESIDENT

STATE OF FLORIDA

COUNTY OF MARTIN

On this 29 day of JUNE, 2007, _____ personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

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STATE OF FLORIDA
TALLAHASSEE
FILED

(Seal)

Marya E Coronato
Notary Public Signature

MARYA CORONATO
Notary's Printed Name

My Commission Expires: 4/25/07



FILING FEE: \$87.50 per class