

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751424

Entity Name: BALLANTRAE CONDOMINIUM ASSOCIATION OF PALM BEACH COUNTY, INC.**FILED**
Jun 19, 2019
Secretary of State
6135574985CC**Current Principal Place of Business:**4333 N. OCEAN BLVD.
GULF STREAM, FL 33483**Current Mailing Address:**4333 N. OCEAN BLVD.
GULF STREAM, FL 33483 US**FEI Number: 59-1995685****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PODESTA, CARI A ESQ
11382 PROSPERITY FARMS ROAD
SUITE 227
PALM BEACH GARDENS, FL 33410 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WARWICK, BRUCE L.
Address	4333 NORTH OCEAN BLVD. AN-3
City-State-Zip:	GULF STREAM FL 33483

Title	VP
Name	CAREY, CHARLES .
Address	4333 NORTH OCEAN BLVD. DS-2
City-State-Zip:	GULF STREAM FL 33483

Title	TREASURER
Name	KIRWAN, PHYLLIS
Address	4333 NORTH OCEAN BLVD. BN-2
City-State-Zip:	GULF STREAM FL 33483

Title	DIRECTOR
Name	WARWICK, BRUCE
Address	4333 NORTH OCEAN BLVD. AN-3
City-State-Zip:	GULF STREAM FL 33483

Title	SECRETARY
Name	MILLHISER, TOM
Address	4333 NORTH OCEAN BLVD. CS-2
City-State-Zip:	GULF STREAM FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE L. WARWICK**PRESIDENT****06/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date