

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006859

Entity Name: BALLEEN ISLES WILDLIFE FOUNDATION INC**Current Principal Place of Business:**303 BALLEEN ISLES CIRCLE
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**303 BALLEEN ISLES CIRCLE
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 20-4616511**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WRIGHT, ROBERT
13522 ARTISAN CIRCLE
PALM BEACH GARDENS, FL 33418 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:** ROBERT WRIGHT

04/03/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GUERRA, MARIANNE
Address	113 VINTAGE ISLE LN
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	V
Name	EDENZON, IRWIN
Address	117 ST EDWARDS PL
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	T
Name	CAPAROSA, KYLE M
Address	136 WINDWARD DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	S
Name	KLEIN, SYLVANA
Address	117 GRAND PALM WAY
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR, COMPLIANCE
Name	WRIGHT, ROBERT THOMAS
Address	13522 ARTISAN CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR, EVENTS
Name	ANDERSON, TRACIE
Address	303 BALLEEN ISLES CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: ROBERT T WRIGHT JR**DIRECTOR, COMPLIANCE** 04/03/2025

Electronic Signature of Signing Officer/Director Detail

Date