2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 721966

1. Entity Name
THE BENT PALM CLUB, INC.

Principal Place of Business	Mailing Address
935 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	935 OCEAN SHORE BLVD ORMOND BEACH, FL 32176

01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1386959
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RASCHTE, CARL
35 ORMOND GREEN BLVD
ORMOND BEACH, FL 32176

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000453423
03/14/06-80021-022 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOVAK, JANET
STREET ADDRESS	15180 LAKE ST.
CITY-ST-ZIP	MIDDLEFIELD, OH 44062
TITLE	ST
NAME	RASCHKE, CARL
STREET ADDRESS	935 OCEAN SHORE BLVD. #218
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	CATALFAMO, JANICE
STREET ADDRESS	98 BRIDGEWATER LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	BARRY, MARGARET
STREET ADDRESS	30 WALBROOKE AVE.
CITY-ST-ZIP	STATEN ISLAND, NY 10301
TITLE	V
NAME	SPINELLI, WILLIAM
STREET ADDRESS	17080 BRIERCLIFF DR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	TAFT, JOHN
STREET ADDRESS	70 PINE HILLS DR.
CITY-ST-ZIP	PINE CITY, NY 14871

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR