

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 935 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	Mailing Address 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 RASCHKE, CARL 35 ORMOND GREEN BLVD ORMOND BEACH, FL 32176
--

**DO NOT WRITE
IN THIS SPACE**

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

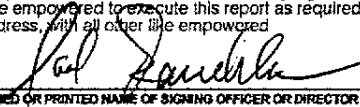
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000453423 03/14/06-80021-022 70.00
---	---	---

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

**DO NOT WRITE
IN THIS SPACE**

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