

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 736014	
1. Entity Name FOUR PALMS APARTMENTS EAST, INC.	

Principal Place of Business 410 WEST PALM ST BOX #40 LANTANA FL 33462-2873 US	Mailing Address 410 WEST PALM ST BOX #40 LANTANA FL 33462-2873 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

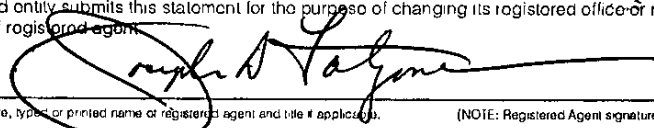
1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 59-1926890	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent FALZONE, JOSEPH 410 WEST PALM ST #6 LANTANA FL 33462	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

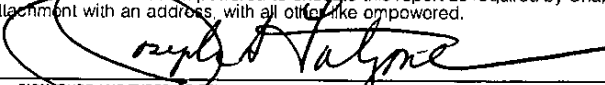
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/1/07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	"Make Check Payable to Florida Department of State"
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
DI MARZIO, MARIAN 410 W PALM STREET, #7 LANTANA FL 33462	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
DVPT SPREMULLI, LIDIA 410 WEST PALM ST #23 LANTANA FL 33462	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
PD FALZONE, JOSEPH 410 WEST PALM ST, #6 LANTANA FL 33462	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE 3/1/07	Check # 64888-9787
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