


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 721966 1. Entity Name THE BENT PALM CLUB, INC.	
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Principal Place of Business 935 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	Mailing Address 935 OCEAN SHORE BLVD ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1386959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RASCHKE, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P NOVAK, JANET 935 OCEAN SHORES BLVD., 206 ORMOND BEACH, FL 32176
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

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U000000904981
05/01/08-80035-002 70.00

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: *Margaret Barry* **MARGARET BARRY** **4/15/08**

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