

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90015 003 ****61.25

DOCUMENT # 733846	
1. Entity Name FOUR PALMS APARTMENTS, INC.	

Principal Place of Business 420 W. PALM ST APT 8 LANTANA, FL 33462 US	Mailing Address 420 W. PALM ST BOX 50 LANTANA, FL 33462 US
--	---

00043248



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2052033	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	7. Name and Address of New Registered Agent
JOHN PORTER ACCOUNTING 1403 W. BOYNTON BEACH BLVD., #49 BOYNTON BEACH, FL 33426	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State: 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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, AVIS			NAME			
STREET ADDRESS	4231 PALO VERDE DR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRASSMAN, SHELLY			NAME			
STREET ADDRESS	420 W PALM ST #28			STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, JOHN			NAME			
STREET ADDRESS	420 W PALM ST APT 7			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33462			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, AMBER			NAME			
STREET ADDRESS	420 W PALM ST. #27			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33462			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGLISH, AARON			NAME			
STREET ADDRESS	420 W PALM ST. #8			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33462			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *J. Porter* Dir 04/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #