

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733846

FILED
Apr 30, 2009
Secretary of State

Entity Name: FOUR PALMS APARTMENTS, INC.

Current Principal Place of Business:

420 W. PALM ST
APT 8
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

420 W. PALM ST
BOX 50
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 59-2052033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISABELL, SANDRA M.
ISABELL, REALTY & PROPERTY MANAGEMENT
11 NORTH J. STREET, SUITE 2
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, AVIS
Address: 4231 PALO VERDE DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: TRASSMAN, SHELLY
Address: 420 W PALM ST #28
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: PORTER, JOHN
Address: 420 W PALM ST APT 7
City-St-Zip: LAKE WORTH, FL 33462

Title: VP () Delete
Name: ENGLISH, AARON
Address: 420 W PALM ST. #8
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA ISABELL

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04/30/2009

Electronic Signature of Signing Officer or Director

Date