

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

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90038 031 \*\*\*\*61.25

<b>DOCUMENT # 752394</b>			
1. Entity Name <b>BENT PALM APARTMENTS, INC.</b>			
Principal Place of Business <b>1415 LAKE AVENUE, APT. 1 LAKE WORTH FL 33460</b>		Mailing Address <b>1415 LAKE AVENUE LAKE WORTH FL 33460 US</b>	
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
6. Name and Address of Current Registered Agent  <b>CHAPIN, SAMUEL 1415 LAKE AVENUE, APT. 1 LAKE WORTH FL 33460</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2776120** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>COCKMAN, KEITH</b> <b>1409 LAKE AVE, APT 3</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>SD</b> <b>HUTTON, KENNETH</b> <b>1409 LAKE AVE, APT 4</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE <b>VD</b> NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V</b> <b>CHAPIN, SAMUEL</b> <b>1415 LAKE AVE, APT 1</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE <b>STD</b> NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>HOLLEY, DAVID</b> <b>1415 LAKE AVE, APT 2</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>DT</b> <b>GORHAM, KAY</b> <b>1415 LAKE AVENUE, APT. 5</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** *Keith Cockman* **Cockman, Keith** **3-27-07** **904-219-8841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #