

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752394

**FILED**  
**Jul 07, 2010**  
**Secretary of State**

**Entity Name:** BENT PALM APARTMENTS, INC.

**Current Principal Place of Business:**

1415 LAKE AVENUE, APT. 1  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1415 LAKE AVENUE  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

1415 LAKE AVE APT 1  
LAKE WORTH, FL 33460

**FEI Number:** 59-2776120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPIN, SAMUEL  
1415 LAKE AVENUE, APT. 1  
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:** STD  
**Name:** SAMUEL, CHAPIN  
**Address:** 1415 LAKE AVE APT 1  
**City-St-Zip:** LAKE WORTH, FL 33460

**Title:** V  
**Name:** FRANCY, CLAIRE  
**Address:** 1409 LAKE AVE #8  
**City-St-Zip:** LAKE WORTH, FL 33460

**Title:** D  
**Name:** DAVID, HOLLEY  
**Address:** 1415 LAKE AVE APT 2  
**City-St-Zip:** LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

**SIGNATURE:** CLAIRE FRANCY

V

07/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date