

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:1**  
**Secretary of St**

**DOCUMENT # P00000061641**

1. Entity Name  
**SEVEN PALMS RESORT, INC.**



Principal Place of Business  
**201 EAST OCEAN AVENUE #7  
LANTANA, FL 33462**

Mailing Address  
**201 EAST OCEAN AVENUE #7  
LANTANA, FL 33462**



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1019657**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOURNE, ROBERT E JR.  
521 LAKE AVENUE  
SUITE 3  
LAKE WORTH, FL 33460**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JUDEN, LEO
STREET ADDRESS	201 EAST OCEAN AVENUE #7
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000521532  
05/02/06-60141-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:** **(LEO JUDEN)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 17, 06**

**561-762-0061**

Date

Daytime Phone #