


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763321 (7)  
1. Corporation Name  
THE FLORIDA RECREATION AND PARK ASSOCIATION, INC

Principal Place of Business 411 OFFICE PLAZA DR TALLAHASSEE FL 32301	Mailing Address 411 OFFICE PLAZA DR TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified  
05/17/1982

4. FEI Number 23-7413123	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELEANOR WARMACK  
411 OFFICE PLAZA DR.  
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MANZO, BARBARA
STREET ADDRESS	3410 PALM BEACH BLVD
CITY-ST-ZIP	FT MYERS FL
TITLE	T
NAME	ROTHENBACH, WALT
STREET ADDRESS	6700 CLARK ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	RECKER, JULIA
STREET ADDRESS	320 E MONUMENT AVE
CITY-ST-ZIP	KISSIMMEE FL
TITLE	S
NAME	DAVIS, MARY A
STREET ADDRESS	1450 16TH STREET NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	P
NAME	PERSON, STEVE
STREET ADDRESS	1350 W BROWARD BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	ED
NAME	ELEANOR WARMACK
STREET ADDRESS	411 OFFICE PLAZA DR.
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Julia Recker
1.3 STREET ADDRESS	320 E Monument Ave
1.4 CITY-ST-ZIP	Kissimmee, FL
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D
3.2 NAME	Ross Fertita
3.3 STREET ADDRESS	7525 North Blvd
3.4 CITY-ST-ZIP	Tampa, FL
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P
5.2 NAME	Barbara Manzo
5.3 STREET ADDRESS	3410 Palm Beach Blvd
5.4 CITY-ST-ZIP	FT MYERS, FL
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eleanor J. Warmack 1/14/98 950-878-3221

CR2E037 (10/97)