


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768269 (3)**  
1. Corporation Name  
**BRADENTON TROPICAL PALMS, INC.**



Principal Place of Business <b>2310 14TH STREET WEST BRADENTON FL 34205 US</b>	Mailing Address <b>2310 14TH STREET WEST BRADENTON FL 34205 US</b>
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3. Date incorporated or Qualified  
**05/04/1983**

4. FEI Number  
**59-2298601**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**KORP, WILLIAM R  
333 SOUTH TAMAMI TRAIL  
SUITE 190  
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>President (P/D)</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRASCHAK, GERALD</b> <input type="checkbox"/> DELETE	1.2 NAME	<b>James McKinley</b>
STREET ADDRESS	<b>2407 18 ST W</b>	1.3 STREET ADDRESS	<b>1507 23rd Ave. Dr. West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President (V/D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, HOMER</b>	2.2 NAME	<b>Norman Sanford</b>
STREET ADDRESS	<b>1510 25 AVE WEST</b>	2.3 STREET ADDRESS	<b>1504 23rd Ave. West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer (T/D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KILDUFF, FRANK</b>	3.2 NAME	<b>Beverly Kolb</b>
STREET ADDRESS	<b>2516 17TH ST LN W</b>	3.3 STREET ADDRESS	<b>2302 16th St. West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary (S/D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACHR, LORETTA</b>	4.2 NAME	<b>Shirley Becker</b>
STREET ADDRESS	<b>1404 24 AVE DR WEST</b>	4.3 STREET ADDRESS	<b>2201 14th St. West</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, NANCY</b>	5.2 NAME	<b>Frank Kilduff</b>
STREET ADDRESS	<b>1402 24TH AVE., DR. W</b>	5.3 STREET ADDRESS	<b>2516 17th St. Lane West</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Director (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLUBB, OBIE</b>	6.2 NAME	<b>Charles Wittick</b>
STREET ADDRESS	<b>1502 25 AVE WEST</b>	6.3 STREET ADDRESS	<b>1707 21st Ave. West</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>	6.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Norman Sanford* **NORMAN R. SANFORD 4-28-98**

CR2E037 (10/97)