



AMENDMENT

**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

| | | | | | | | | | | | |
|---|---|--|--|---|--|---|--|---|--|-------------------------------|--|
| DOCUMENT # 768269 1. Entity Name BRADENTON TROPICAL PALMS, INC. | | | |  | | FILED 05 MAR 24 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| Principal Place of Business 2310 14TH STREET WEST BRADENTON, FL 34205 US | | | | Mailing Address 2310 14TH STREET WEST BRADENTON, FL 34205 US | | | |  | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | | 03152005 Chg-NP CR2E037 (10/03) | | | |
| City & State | | | | City & State | | | | 4. FEI Number 59-2298601 | | Applied For Not Applicable | |
| Zip | | Country | | Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PORTEE, RONNIE 2310 14TH ST W. BRADENTON, FL 34205 | | | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | |
| 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. | | | | | | 800049681968 04/01/05--01064--011 **\$61.25 | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | (NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small> | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEWART, WILLIAM 2305 16TH STREET W BRADENTON, FL 34205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, GENE 2409 17 th STREET COURT W BRADENTON, FL 34205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CASEY, FLAVIAN 2201 16TH STREET WEST BRADENTON, FL 34205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GELSTHORPE, DALE 2516 16 th STREET COURT W. BRADENTON, FL 34205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KOLB, BEVERLY 2302 16TH STREET W BRADENTON, FL 34205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANNA, JOSEPH 1410 22 nd AVENUE DRIVE W. BRADENTON, FL 34205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WERTMAN, DONNA 2104 15TH STREET COURTEAST BRADENTON, FL 34205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WERTMAN, DAWNA 2104 15 th STREET COURT W. BRADENTON, FL 34205 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLOWAY, STEVEN 2205 16TH STREET WEST BRADENTON, FL 34205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANFORD, NORMAN 1504 23 rd AVENUE W. BRADENTON, FL 34205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD PORTEE, RON 2310 14TH STREET W BRADENTON, FL 34205 | <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <u>Dawna R. Wertman</u> DAWNA R. WERTMAN | | | | | | Date: <u>03-18-05</u> | | Daytime Phone #: <u>(941) 746-4124</u> | | | |