

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 217297
 1. Corporation Name
TROPICANA GARDENS, INC.

Principal Place of Business TROPICANA GARDENS	Mailing Address 4001 SO OCEAN BLVD SO PALM BEACH FL 33480
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

3. Date Incorporated or Qualified 11/26/1958	Applied For Not Applicable
4. FEI Number 59-1163175	
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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ASSOC PROP MGMT
400 S. DIXIE HWY #12
LAKE WORTH, FL
33460**

10. Name and Address of New Registered Agent

81 Name Richard H. Gerrish	
82 Street Address (P.O. Box Number is Not Acceptable) 2994 JOG RD - SUITE B	
83 GREEN ACRES, FL. 33467	
84 City FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0600 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]* **4/6/98**
 Signature typed or printed name of registered agent and title (Required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDT RICHARD <input type="checkbox"/> DELETE 4001 SO OCEAN BLVD #216 SPB - FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, DOROTHY <input type="checkbox"/> DELETE 4001 SO OCEAN BLVD #313 SPB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, RICHARD <input type="checkbox"/> DELETE 4001 S. Ocean Blvd. # 314 S. Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McKENNA, MARIANNE <input type="checkbox"/> DELETE 4001 S. Ocean Blvd. # 201 S. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD METHERELL, CARY <input type="checkbox"/> DELETE 4001 S. Ocean Blvd. # 214 S. Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BRADLEY, KATHLEEN <input type="checkbox"/> DELETE 4001 S. Ocean Blvd. # 205 S. Palm Beach FL 33480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	100002488981 <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/15/98--01017--001 ***61.25
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PE 4.14
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D- LAROCQUE, LINDA 4001 SO OCEAN BLVD # 300 SPB

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: *[Signature]* **2/18/98** **641-585-3514**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)