


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N41645** (5)

TAMPA PALMS LADIES CLUB, INC.



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|--|---------------------|---|--|
| Principal Place of Business COMPTON PARK CLUBHOUSE TAMPA FL 33647 US | | Mailing Address 16057 TAMPA PALMS BLVD. W. SUITE 918 TAMPA FL 33647-2001 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/14/1991 | 4. FEI Number 59-3048778 |
| 21 | 26 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 22 | 27 | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| City & State | City & State | 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 | |
| 23 | 28 | | |
| Zip | Country | | |
| 24 | 25 | | |
| | 29 | | 30 |

| | | | |
|--|-------------------------------|--|--------------------------|
| 9. Name and Address of Current Registered Agent CONDREY, JANE B 8007 FAIRWAY PALMS CT TAMPA FL 33647 | | 10. Name and Address of New Registered Agent | |
| 81 Name | JOSEPHINE M. DIDDEN | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 5006 CYPRESS TRACE DR. | | |
| 83 | | | |
| 84 City | TAMPA | 85 FL | 86 Zip Code 33624 |

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 Josephine M. Didden 5/1/98
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|------------------------------|---|-------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PD |
| NAME | LOTT, POLLY | 1.2 NAME | CATHY TYLER |
| STREET ADDRESS | 18318 ARMSTRONG PLACE | 1.3 STREET ADDRESS | 15818 DAWSON RIDGE DR. |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | TAMPA, FL 33647 |
| TITLE | TD | 2.1 TITLE | TD |
| NAME | CONDREY, JANE | 2.2 NAME | JOSEPHINE DIDDEN |
| STREET ADDRESS | 8007 FAIRWAY PALMS CT | 2.3 STREET ADDRESS | 5006 CYPRESS TRACE DR |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | TAMPA FL 33624 |
| TITLE | SD | 3.1 TITLE | SD |
| NAME | AZMOUDEH, STEPHANIE | 3.2 NAME | VERNA WOODS |
| STREET ADDRESS | 15897 DAWSON RIDGE DR | 3.3 STREET ADDRESS | 15303 BURSLEY CT. |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | TAMPA, FL 33647 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 Josephine M. Didden 5/1/98 (813) 968-5025

CR2E037 (10/97)