


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002583					
1. Corporation Name BRADENTON TROPICAL PALMS SOCIAL ACTIVITIES INC.					
Principal Place of Business 2310 14TH STREET WEST BRADENTON FL			Mailing Address 2310 14TH STREET WEST BRADENTON FL		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/05/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0791029	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KORP, WILLIAM R 333 S. TAMiami TRAIL SUITE 199 VENICE FL 34292				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, MARJORIE			1.2 NAME	NANCY WALLER		
STREET ADDRESS	2310 14TH STREET WEST			1.3 STREET ADDRESS	1511 21st Ave Dr W		
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP	same		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGER, JOAN			2.2 NAME	MARY J. Claus		
STREET ADDRESS	2310 14TH STREET WEST			2.3 STREET ADDRESS	2804 16th ST CT W		
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACHIR, LORETTA			3.2 NAME	EMMA. Krause		
STREET ADDRESS	2310 14TH STREET WEST			3.3 STREET ADDRESS	1410 23rd Ave W area 1		
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP	same		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORRIS, NANCY			4.2 NAME	MARIE Kilduff		
STREET ADDRESS	2310 14TH STREET WEST			4.3 STREET ADDRESS	2516 17th ST W area 4		
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	CP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIESLER, HAZEL			5.2 NAME	MILDRED KANAWL		
STREET ADDRESS	1516 22ND AVE DR W			5.3 STREET ADDRESS	2205 18th ST W area 3		
CITY-ST-ZIP	BRADENTON FL 34205			5.4 CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	CP	<input type="checkbox"/> DELETE		6.1 TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACDONALD, GEORGE			6.2 NAME	BARBARA Fairchild		
STREET ADDRESS	2506 16TH ST W area 2			6.3 STREET ADDRESS	2704 17th ST NW area 5		
CITY-ST-ZIP	BRADENTON FL 34205			6.4 CITY-ST-ZIP	BRADENTON FL 34205		

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, with all other like empowered.

SIGNATURE: *Signature Required* Treas - 1/20/99 941 748 4442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)