NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800000169

1. Corporation Name

BRADENTON TROPICAL PALMS RENTERS ASSOCIATION, IN

Principal Place of Business 2113 17TH ST..LANE WEST

BRADENTON FL 34205

Mailing Address

2113 17TH ST., LANE WEST BRADENTON FL 34205

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90223 007 ****61.25

* 3 7 2 6 5 * 370265 - 90318 - 40



2. Principal Pla	ace of Business	Za. Mailing Address				01/09/1998					
21		26				4. FEI Number 52-2086 943 Applied For					
Suite, Apt. #	#, e <u>tc.</u>	Suite, Apt. #, etc.				4. FEITHORIDE 32-201	6175		Applicable	_	
22	27							8.75 Ad	··		
City & State City & State						5. Certificate of Status Desired	□ '	Fee Requ			
28										,	
Zip	·					6. Election Campaign Financing \$5.00 May Be					
24 25 29 30						Trust Fund Contribution Added to Fees					
	9. Name and Address of Current F	Registered Agent		<u> </u>		10. Name and Address of New Re-	gistered Age	nt			
<u> </u>				81	Name				ì		
POELSTRA, JOHN C					82 Street Address (P.O. Box Number is Not Acceptable)						
					GE Open Fundage (r. o. ook framper a franchischer						
2113 17TH ST.,LANE WEST									···		
BRADENTON FL 34205						<u> </u>		-1 71- C-			
				84	City		FL ^{(*}	Zip Co	NOME		
	to the provisions of Sections 617.0502 a	- 1 547 4500 Florido	Cintidos the el		named como	vation submits this statement for the pu	roose of cha	nging its re	egistered		
11. Pursuant t	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of	ang 617,1308, rionda Florida, Such change	was authorized	by ti	he corporation	n's board of directors. I hereby accept	he appointm	ent as regi	stered		
agent. I ar	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of π familiar with, and accept the obligatio	ns of, Section 317.05	3 Figrida Statu	ites.		1 111	09		ļ		
CICNATURE		1/00//				1-19	-7 /		(_	
SIGNATURE	Signature hypest or printed name of registered agent a		(NOTE: Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDE AND C	DECTOR	S IN 12	86	
12.	OFFICERS AND DIRECTORS		13.					Change	Addition	(11/98)	
TITLE	PRESIDENT DELETE JOHN C POELS TRA W.		ETE 1,1 TΩ	1E		DIRECTOR DREW ES TA BROOK	l	Citaligo			
NAME			12 N	1.2 NAME		1416 26th Ave W.				33	
STREET ADDRESS			1.3 ST	REET	ADORESS	Bradenton, Fl., 3	34205			CR2E037	
CITY-ST-ZIP	Bradenton, Fl.	34205	1.4 CT	TY- ST-	.zne					5	
TITLE	Vice President	☐ DELI	ETE 2.1 TI	LE				Change	☐ Addition	O	
NAME	MARVIN STIMP		22 NJ	ME	1						
	1510_25th_Ave. Dr	. W.	I		ADORESS		~ ~~		~ ~	_	
STREET ADDRESS	Bradenton, Fl., 3	34205			ì	•			ļ		
CITY-ST-ZIP		DEU		TY-ST	-28			Change	Addition		
TITLE	SECRETARY					•	_				
NAME	WILMA WEBER		3.2 N		- 1				1		
STREET ADDRESS	1504 26th Ave W.		3.3 ST	REET	ADDRESS				İ		
CITY-ST-ZIP	Bradenton, F1. 34			TY-ST	-ZIP			1 Channe	- Addition	ه	
TITLE	SAM HUTCHINGS Tr	easurer DELI	4,1 tm	ILE] ⇔issi§e	المسمر		
NAME	220/ 16th St., W	·	4.2 N	AME					1		
STREET ADDRESS	Bradenton, F1. 3	34205	4.3.ST	REET /	ADDRESS						
CITY-ST-ZIP			4.4 CT	ry-st-	.ZIP	<u> </u>					
TITLE	DIRECTOR	☐ DELI					E] Change	Addition		
NAME	Edward Ridel		5.2 N	ME	Ì	•			ŀ		
	1506 21st Ave Dr		5.3 ST	REET	ADDRESS				į		
STREET ADDRESS	Bradenton, Fl., 3	34205	1	14.51.					ţ		
CITY-ST-ZIP	DIRECTOR						Г	Change	Addition		
mre	JESSIE SANTOR	□ DEU					_	, _,,,,,,,,			
NAME	2315 17th St.,	Ct. W.	6.2 N		}				1		
STREET ADDRESS	Bradenton, Fl., 3		6.3 \$7	REET	ADDRESS				.]		
CITY-ST-ZIP	• •			TY-ST							
14. I hereby c	ertify that the information supplied with	this filing does not qu	alify for the exe	mptic	on stated in S	ection 119.07(3)(i), Florida Statutes. I f	urther certify	that the inf ath: that Li	omation		

Thereby certify that the information supplied with his fitting does not quality for the exemption state in Section 113.04.5(i), Florida Statutes, and that I am an 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 employered 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.

941-742-48-2

CICNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14, 1888 414- 476-5569