

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01234

FILED
Apr 14, 2006
Secretary of State

Entity Name: VILLAGE PARK MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

5350 N.W. 36TH. TERRACE
N. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5350 N.W. 36TH. TERRACE
N. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0048295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCHENE, JOHN
5350 N. W. 36TH. TERRACE
NORTH LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUCHENE, JOHN
Address: 5350 N. W. 36TH. TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: XVP () Change (X) Addition
Name: INDYK, TED
Address: 5421 NW 36 TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: SECR () Change (X) Addition
Name: SINGLETON, TIMM
Address: 3648 NW 53 CT
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: TREA () Change (X) Addition
Name: BLAKELY, LAURA
Address: 3648 NW 53 CT.
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: VP () Change (X) Addition
Name: MULCHAEY, KEVIN
Address: 3644 NW 53RD PL
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: DIR () Change (X) Addition
Name: PETERSON, ROGER
Address: 5400 NW 36 TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DUCHENE

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date