FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(6)

VILLAGE PARK MOBILE HOME OWNERS, INC.

| Principal Place of Business Mailing Address | | | | | | | | I BIEI E | | | |
|---|-------------------------------------|-------------------|-------------------------|----------------------|-------|---------------------------------------|--|----------------|----------|---------------|---------------|
| %JOSEPH KUNKEL | | | %JOSEPH KUNKEL | | | | 3. Date Incorporated or Qualified | 1 | | - | |
| 3819 NW 53RD COURT | | | 3819 NW 53RD COURT | | | | 02/03/1984 | | | | |
| FT. LAUDERDALE FL 33309 | | | FT. LAUDERDALE FL 33309 | | | | 4. FEI Number | | | I A | oplied For |
| • | | | | | | | 65-0048295 | | | | ot Applicable |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | - | 5. Certificate of Status Desired | Г | | \$8.75 | Additional |
| 21 | | | 26 | | | | 3. Certificate of Status Desired | | <u> </u> | | equired |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing | | - | \$5.00 | |
| 22 City & State | | | 27 City & State | | | | Trust Fund Contribution | | | Added t | |
| 23 | | | 28 | | | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| Zip Country | | | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible | | | | |
| 24 | 25 | | 29 30 | | • | | Personal Property Tax due June 30. Yes No | | | | |
| 9. Name and Address of Current | | | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | | 31 | Name | | | | | |
| KUNKEL, JOSEPH | | | | | | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | | |
| 3819 NW 53RD COURT | | | ļ | | | | | | | | |
| FORT LAUDERDALE FL 33309 | | | | | | | | | | | , , , |
| | | | | 8 | 34 | Cîty | | | | 85 Zip | Code |
| dd Digginadi | to the providence of Continu | 617 0E00 and | 617 1509 Florida Stat | too the pho | | named sares | ration submits this statement for the | ~~~ | FL | bon alling i | a acarara |
| office or r | egistered agent, or both, it | the State of Flo | rida. Such change was | authorized | by | the corporatio | n's board of directors. I hereby acc | ept th | e appoi | ntment as | registered |
| | m tamular with, and accep | t the obligations | of, Section 617.0503, (| lorida Statul | tes. | • | | // | -14 | 16 | - |
| SIGNATURE (| Signature, typed or printed name of | | | OTE: Registered | Agen | nt signature required | when reinstating) | .Z. | ATE | - Q | |
| 12. | | ICERS AND DIR | ECTORS | 13. | | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFF | ICER | AŅD [| DIRECTOR | S IN 12 |
| TITLE | D | _ | DELETE | 1.1 TITU | E | | | | Ĺ | _ Change | Addition |
| NAME | MAXWELL, MARGRET | | | 1.2 NAME | | | | | | | |
| STREET ADORESS | 5231 N.W. 36TH TE | | | 1.3 STR | EET A | ADDRESS | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | DELETE | 1.4 CITY-ST-ZIP | | - ZIP | | | | Change | Addition |
| TITLE | PD ROCKWELL, LARUE | | | 2.1 T/TLE 2.2 NAM | | | | | _ | Change | [] MUUIMUN |
| NAME | 3729 NE 53RD CT. | | | 2.3 STRE | | ADDOLCC | | | | | |
| STREET ADORESS CITY-ST-ZIP | FT. LAUDERDALE FL | | | 2.4 CITY- | | 1 | | ec. | - | | |
| TITLE | TD | | DELETE | 3.1 TITU | | | | | | Change | Addition |
| NAME | KUNKEL, JOSEPH | | - · /- | 3.2 NAM | | | | | _ | | |
| STREET ADDRESS | | | | 3.3 STRE | | ADDRESS | | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE | FL | | 3,4. CIT | Y-ST | T-ZIP | | | | | |
| TITLE | VD | | ☐ DELETE | 4.1 TITL | Ē | | | | | Change | Addition |
| NAME | CARLTON, GEORGE | | | 4, 2 NAA | VŒ | | | | | | |
| STREET ADDRESS | 3235 NW 52ND PLA | _ | - | 4.3 STRE | EET A | ADDRESS | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | <u></u> | C pri pre | 4.4 CiTY | _ | - ZIP | | | | 0. | f data |
| TITLE | SD HAMPSON BEN | | ☐ DELETÉ | 5.1 TITL | | | | | L | ⊥ Change | Addition |
| NAME | HAMPSON, BEN 3702 NW 52 CT | | | 5.2 NAM | | - DDDDCCC | | | | | |
| STREET ADDRESS | FT LAUDERDALE FL | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | I I CHODERDALE PL | | DELETE | 5.4 CITY 6.1 TITL | ~ | -28" | <u> </u> | | Т | Change | Addition |
| NAME | | | | 6.2 NAM | | | | | _ | | |
| STREET ADDRESS | | | | | _ | ADORESS | | | | | |
| STATE OF THE | | | | 0.00114 | | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 13 if changed, or on an attachment with an address.

FILED

*Jan 16 1998 8:00am

Secretary of State

- I INDRESOR DIA DALBE SENSA INDEN INTEL DIRA BIDIA KIBIA DIDER BUDIA DEBENDIDIR DIDER