

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N01234*

1. Corporation Name

VILLAGE PARK MOBILE HOME OWNERS, INC

Principal Place of Business

Mailing Address

*3750 NW 52 St.
FT. LAUDERDALE, FL. 33309*

FILED

99 OCT 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *99*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *3750 NW 52 St.*

22 City & State

27 *FT. LAUD. FL.*

23 Zip Country

28 *33309 USA*

3. Date Incorporated or Qualified

FEB. 3, 1984

SP

4. FEI Number

65-0048295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*600003019186--4
-10/20/99--01029--004
****236.25 ****236.25*

81 Name *DENISE EDWARDS*

82 Street Address (P.O. Box Number is Not Acceptable)

3750 NW 52 St.

83

84 City *FT. LAUDERDALE*

FL

85 Zip Code *33309*

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 *Denise Edwards*

DENISE EDWARDS(S)

10/6/99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *BEVERLEE SWERDLEN*
STREET ADDRESS *5437 NW 37 TERR.*
CITY-ST-ZIP *FT. LAUDERDALE, FL. 33309*

TITLE ☐ DELETE

NAME *TONY ROBERTSON-BRUCE*
STREET ADDRESS *5267 NW 39th AVE.*
CITY-ST-ZIP *FT. LAUD. FL. 33309*

TITLE ☐ DELETE

NAME *TONY BRESSI*
STREET ADDRESS *5277 NW 39th AVE.*
CITY-ST-ZIP *FT. LAUD. FL. 33309*

TITLE ☐ DELETE

NAME *DENISE EDWARDS*
STREET ADDRESS *3750 NW 52 St*
CITY-ST-ZIP *FT. LAUD. FL. 33309*

TITLE ☐ DELETE

NAME *MARY PFEIFER*
STREET ADDRESS *3651 NW 52 St.*
CITY-ST-ZIP *FT. LAUD. FL. 33309*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME *JACK DAVIS*
1.3 STREET ADDRESS *5292 NW 36th WAY*
1.4 CITY-ST-ZIP *FT. LAUD. FL. 33309*

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME *RON TROMM*
2.3 STREET ADDRESS *5285 NW 37th AVE.*
2.4 CITY-ST-ZIP *FT. LAUD. FL. 33309*

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME *ANN HENDERSON*
3.3 STREET ADDRESS *5370 NW 36 TERR.*
3.4 CITY-ST-ZIP *FT. LAUD. FL. 33309*

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME *JOE GOLDBERG*
4.3 STREET ADDRESS *5360 NW 36 TERR.*
4.4 CITY-ST-ZIP *FT. LAUD. FL. 33309*

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME *FRANK RAFFETTO*
5.3 STREET ADDRESS *3819 NW 53 CT*
5.4 CITY-ST-ZIP *FT. LAUD. FL. 33309*

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Mary A. Pfeifer* *MARY A. PFEIFER(T)* *10/6/99* *954-735-3086*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)