

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01234

FILED
Sep 14, 2005
Secretary of State

Entity Name: VILLAGE PARK MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

5351 N.W. 36TH. TERRACE
N. LAUDERDALE, FL 33309

New Principal Place of Business:

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

Current Mailing Address:

5361 N.W. 36TH. TERRACE
N. LAUDERDALE, FL 33309

New Mailing Address:

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

FEI Number: 65-0048295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUCHENE, JOHN
5361 N. W. 36TH. TERRACE
NORTH LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

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: _____

09/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUCHENE, JOHN
Address: 5361 N. W. 36TH. TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: EVP (X) Delete
Name: COTI, JOE
Address: 3704 N.W. 52ND. PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: 1STV (X) Delete
Name: LALLI, MARTIN
Address: 3651 N.W. 55TH. COURT
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: T (X) Delete
Name: WATSON, LINDA
Address: 5425 N. W. 37TH. AVE
City-St-Zip: NORTH LAUDERDALE, FL 33309

Title: S (X) Delete
Name: COSTANZO, ELEANOR
Address: 5404 N. W. 37TH. AVE
City-St-Zip: NORTH LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

P

09/14/2005

Electronic Signature of Signing Officer or Director

Date