

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05206

(0)

1. Corporation Name

VILLAGE PARK ASSOCIATION, INC.

Principal Place of Business

**428 VILLAGE CIRCLE S.W.
WINTER HAVEN FL 33880**

Mailing Address

**428 VILLAGE CIRCLE S.W.
WINTER HAVEN FL 33880**



3. Date Incorporated or Qualified
09/18/1984

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSS, ELVIN
444 VILLAGE CIR SW
WINTER HAVEN FL 33380**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(If Title: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **WINFREE, ROSA**
STREET ADDRESS **499 VILLAGE CIRCLE SW**
CITY-ST-ZIP **WINTER HAVEN FL**

11 TITLE **P** ☒ Change ☐ Addition
12 NAME **MIKE PIOTROWSKI**
13 STREET ADDRESS **499 VILLAGE CIR SW**
14 CITY-ST-ZIP **WINTER HAVEN, FL**

TITLE **V** ☐ DELETE
NAME **WINFREE, ROSA**
STREET ADDRESS **499 VILLAGE CIR SW**
CITY-ST-ZIP **WINTER HAVEN FL**

21 TITLE **VP** ☒ Change ☐ Addition
22 NAME **DALE NEWTON**
23 STREET ADDRESS **487 VILLAGE CIR SW**
24 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **S** ☐ DELETE
NAME **DALTON, ELLEN**
STREET ADDRESS **430 VILLAGE CIR SW**
CITY-ST-ZIP **WINTER HAVEN FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SHOEMAKER, HAROLD**
STREET ADDRESS **468 VILLAGE CIR SW**
CITY-ST-ZIP **WINTER HAVEN FL**

41 TITLE **D** ☒ Change ☐ Addition
42 NAME **JESSIE SWAN**
43 STREET ADDRESS **495 VILLAGE CIR SW**
44 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☒ DELETE
NAME **FOSS, ELVIN**
STREET ADDRESS **444 VILLAGE CIRCLE SW**
CITY-ST-ZIP **WINTER HAVEN FL**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **JUNE PULMAN**
53 STREET ADDRESS **425 VILLAGE CIR**
54 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE
NAME **DURR, AUDREY**
STREET ADDRESS **464 VILLAGE CIR**
CITY-ST-ZIP **WINTER HAVEN FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Pauline L. Baker, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)