

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33880-1666**3. Date Incorporated or Qualified  
**09/18/1984**3a. Date of Last Report  
**02/15/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.**22** City & State**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.**27** City & State**28** Zip

Country

4. FEI Number

**59-2751743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WINFREE, ROSA</b>	
STREET ADDRESS	<b>499 VLLAGE CIRCLE SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WINFREE, ROSA</b>	
STREET ADDRESS	<b>499 VILLAGE CIR SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DALTON, ELLEN</b>	
STREET ADDRESS	<b>430 VILLAGE CIR SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SWAN, JESSIE</b>	
STREET ADDRESS	<b>495 VILLAGE CIRCLE SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PULMAN, JUNE</b>	
STREET ADDRESS	<b>425 VILLAGE CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DURR, AUDREY</b>	
STREET ADDRESS	<b>464 VILLAGE CIR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<b>CHARLIE WEASTER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>456 VILLAGE CIR. SW</b>	
3. STREET ADDRESS	<b>WINTER HAVEN FL</b>	
4. CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>300002194983</b>	
4.3 STREET ADDRESS	<b>-05/28/97--01078--016</b>	
4.4 CITY-ST-ZIP	<b>***61.25</b>	

5.1 NAME	<b>RALPH MEHL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>449 VILLAGE CIR, SW</b>	
5.3 STREET ADDRESS	<b>WINTER HAVEN</b>	
5.4 CITY-ST-ZIP		

6.1 NAME	<b>JACK DENNIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>483 VILLAGE CIR. SW</b>	
6.3 STREET ADDRESS	<b>WINTER HAVEN</b>	
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

*Mildred J. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064587

CR2E037 (9/96)