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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
428 VILLAGE CIRCLE S.W. WINTER HAVEN FL 33880-1666	428 VILLAGE CIRCLE S.W. WINTER HAVEN FL 33880-1666

3. Date Incorporated or Qualified: 09/18/1984

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

FOSS, ELVIN
444 VILLAGE CIR SW
WINTER HAVEN FL 33880

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WEBSTER, CHARLIE		1.2 NAME	Shoemaker, Harold	
STREET ADDRESS	456 VILLAGE CIRCLE S.W.		1.3 STREET ADDRESS	465 Village Circle S.W.	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	Winter Haven, Fl 33880	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	WINFREE, ROSA		2.2 NAME	Hagan, Floyd	
STREET ADDRESS	499 VILLAGE CIR SW		2.3 STREET ADDRESS	455 Village Circle S.W.	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, Fl 33880	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DALTON, ELLEN		3.2 NAME		
STREET ADDRESS	430 VILLAGE CIR SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SWAN, JESSIE		4.2 NAME	Barton, Tony	
STREET ADDRESS	495 VILLAGE CIRCLE SW		4.3 STREET ADDRESS	441 Village Circles.W	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, Fl 33880	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEHLE, RALPH		5.2 NAME		
STREET ADDRESS	449 VILLAGE CIRCLE S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DENNIS, JACK		6.2 NAME	Knapp, Mary Helen	
STREET ADDRESS	483 VILLAGE CIRCLE S.W.		6.3 STREET ADDRESS	454 Village Circle S.W.	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Winter Haven, Fl. 33880	

CR2E037 (10/97)

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.

SIGNATURE: AGNES C WOOD Agnes C. Wood Treasurer Feb 6 1998 941-297-5222