

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90162 046 ****61.25

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DOCUMENT # N05206

1. Corporation Name

VILLAGE PARK ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

FOSS, ELVIN
444 VILLAGE CIR SW
WINTER HAVEN FL 33380

10. Name and Address of New Registered Agent

81 Name

HAGAN, FLOYD

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

485 V. Village Circle SW

83

84 City

Winter Haven

FL

85 Zip Code

33880

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 P ☒ DELETE

NAME SHOEMAKER, HAROLD
STREET ADDRESS 468 VILLAGE CIR, S.W.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE V ☐ DELETE

NAME HAGAN, FLOYD
STREET ADDRESS 485 VILLAGE CIRCLE S.W.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE S ☒ DELETE

NAME DALTON, ELLEN
STREET ADDRESS 430 VILLAGE CIR SW
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ DELETE

NAME BARTON, TONY
STREET ADDRESS 441 VILLAGE CIRCLE S.W.
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE

NAME MEHLE, RALPH
STREET ADDRESS 449 VILLAGE CIRCLE S.W.
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☒ DELETE

NAME KNAPP, MARY HELEN
STREET ADDRESS 454 VILLAGE CIRCLE S.W.
CITY-ST-ZIP WINTER HAVEN FL 33880

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME HAGAN, FLOYD
1.3 STREET ADDRESS 485 VILLAGE CIRCLE S.W.
1.4 CITY-ST-ZIP WINTER HAVEN FL 33880

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME BURNS, NANCY
2.3 STREET ADDRESS 409 VILLAGE CIRCLE S.W.
2.4 CITY-ST-ZIP WINTER HAVEN FL 33880

3.1 TITLE Secretary ☒ Change ☐ Addition

3.2 NAME MILNE, Barbara
3.3 STREET ADDRESS 495 VILLAGE CIRCLE SW
3.4 CITY-ST-ZIP WINTER HAVEN FL 33880

4.1 TITLE Chairman ☒ Change ☐ Addition

4.2 NAME Lowe, Jerry
4.3 STREET ADDRESS 489 VILLAGE CIRCLE SW
4.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)