


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05206</b> 1. Entity Name <b>VILLAGE PARK ASSOCIATION, INC.</b>				<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">04 OCT 28 AM 11:49</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country			
4. FEI Number <b>59-2751743</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10252004    REIN-NP      CR2E099 (6/04)	
6. Name and Address of Current Registered Agent  <b>NEWCOMB-HAGAN, PATRICIA</b> <b>485 VILLAGE CIRCLE S.W.</b> <b>WINTER HAVEN, FL 33380</b>					
7. Name and Address of New Registered Agent Name <b>HARTZELL ELLIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>414 VILLAGE Circle SW</b> City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33880</b>					
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Ellie Hartzell</i> <b>Ellie Hartzell</b> 10/28/04--01045--018    **8.75 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MEYER, CAROL</b> <b>404 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TROUT, LEONARD, JR.</b> <b>413 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOWE, JUDY</b> <b>489 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WERNER, WILLIAM</b> <b>426 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NEWCOMB-HAGAN, PATRICIA</b> <b>485 VILLAGE CIRCLE</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARTZELL, ELLA</b> <b>414 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>TRUMBELL, JAEMS</b> <b>402 VILLAGE CIRCLE S.W.</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DEMPEY, JAMES</b> <b>464 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GATES, WM.</b> <b>461 VILLAGE CIRCLE S.W.</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWELL, RICHARD</b> <b>441 VILLAGE CIRCLE SW</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>900042284269</b> <b>10/28/04--01045--017    **61.25</b>
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>James W. Dempsey</i> <b>JAMES W. DEMPSEY</b> 10/28/04    863-298-0495 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					