

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90007 035 \*\*\*\*70.00

**DOCUMENT # N05206**

1. Entity 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



2. Principal Place of Business

above

3. Mailing Address

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2751743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTZELL, ELLIE

414 VILLAGE CIRCLE S.W.  
WINTER HAVEN FL 33380

PATRICIA N. HAGAN

485 VILLAGE CIRCLE SW  
WINTER HAVEN FL  
33880

Name

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

City

FL

Zip Code

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

*Patricia N. Hagan*

*(Treasurer)*

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: P ☒ Delete  
NAME: STEFFES, RAYMOND  
STREET ADDRESS: 446 VILLAGE CIRCLE SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: V ☒ Delete  
NAME: CHURCH, CAROLE  
STREET ADDRESS: 470 VILLAGE CIRCLE SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: ☒ Delete  
NAME: HARTZELL, ELLIE  
STREET ADDRESS: 414 VILLAGE CIRCLE SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: DC ☒ Delete  
NAME: WERNER, WILLIAM  
STREET ADDRESS: 426 VILLAGE CIRCLE SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: D ☒ Delete  
NAME: GATES, WM.  
STREET ADDRESS: 461 VILLAGE CIRCLE S.W.  
CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: S ☒ Delete  
NAME: DEMPSEY, JAMES  
STREET ADDRESS: 469 VILLAGE CIRCLE S.W.  
CITY-ST-ZIP: WINTER HAVEN FL 33880

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT: ☒ Change ☐ Addition  
NAME: Judy Lowe  
STREET ADDRESS: 489 Village Circle SW  
CITY-ST-ZIP: Winter Haven FL 33880

TITLE: VICE-PRESIDENT ☒ Change ☐ Addition  
NAME: Linda Johnson  
STREET ADDRESS: 405 Village Circle SW  
CITY-ST-ZIP: Winter Haven FL 33880

TITLE: TREASURER ☒ Change ☐ Addition  
NAME: PATRICIA N. HAGAN  
STREET ADDRESS: 485 Village Circle SW  
CITY-ST-ZIP: Winter Haven FL 33880

TITLE: SECRETARY ☒ Change ☐ Addition  
NAME: Elaine Boggs  
STREET ADDRESS: 466 Village Circle SW  
CITY-ST-ZIP: Winter Haven FL 33880

TITLE: DIRECTOR ☒ Change ☐ Addition  
NAME: BILL WERNER  
STREET ADDRESS: 426 VILLAGE CIRCLE SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880

TITLE: DIRECTOR ☒ Change ☐ Addition  
NAME: RON IRONS  
STREET ADDRESS: 464 VILLAGE CIRCLE SW  
CITY-ST-ZIP: WINTER HAVEN FL 33880

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*Patricia N. Hagan*

*Treasurer*

03/01/06 (863) 294-6590