

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05206

FILED
Feb 19, 2009
Secretary of State

Entity Name: VILLAGE PARK ASSOCIATION, INC.

Current Principal Place of Business:

428 VILLAGE CIRCLE S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

428 VILLAGE CIRCLE S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2751743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGAN, PATRICIA N
485 VILLAGE CIRCLE S.W.
WINTER HAVEN, FL 33380 US

Name and Address of New Registered Agent:

BOGGS, ELAINE
466 VILLAGE CIRCLE S.W.
WINTER HAVEN, FL 33380 US

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.

SIGNATURE: ELAINE BOGGS

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAINWATER, MADONNA
Address: 432 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: KRZEWSKI, BARBARA
Address: 442 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: DANDO, SANDRA
Address: 434 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: KINT, KEITH
Address: 468 VILLAGE CIR. SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WYNBERG, DOROTHY
Address: 455 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LOWE, JUDY
Address: 489 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: SEC. () Change (X) Addition
Name: BUURMA, SHIRLEY
Address: 458 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE BOGGS

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

Date