

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90091 045 ****61.25

0014049

DOCUMENT # **N05206**

1. Entity 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

428 Village Circle SW

Suite, Apt. #, etc.

Winter Haven

City & State

FL

Zip

33880

Country

Polk

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2751743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FOSS, ELVIN

**444 VILLAGE CIR SW
WINTER HAVEN FL 33380**

7. Name and Address of New Registered Agent

Name

Patricia Newcomb Hagan

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

485 Village Circle SW

Winter Haven

City

FL

Zip Code

33880

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 Newcomb Hagan, Treasurer

07/22/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 NAME	P MEYER, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	404 VILLAGE CIRCLE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	V LOWE, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	489 VILLAGE CIRCLE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	T HILL, DORIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	443 VILLAGE CIRCLE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	S MILINE, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	475 VILLAGE CIRCLE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	DC KIRBY, HARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	441 VILLAGE CIRCLE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	D FOSS, ELVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	444 VILLAGE CIRCLE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Treasurer Patricia Newcomb Hagan
CITY-ST-ZIP	485 Village Circle, SW, Winter Haven 33880
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	none presently appointed
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Chairman/Director James Trumbull
CITY-ST-ZIP	402 Village Circle SW Winter Haven FL 33880
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Director Wm. Gates
CITY-ST-ZIP	461 Village Circle SW Winter Haven FL 33880

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: *Patricia Newcomb Hagan* (Treasurer) **07/21/03** **291-6590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)