

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90203 047 ****61.25

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DOCUMENT # N19393

1. Corporation Name

OAK PARK VILLAGE MOBILE HOME OWNERS RENTERS ASSO
CIATION INC.

Principal Place of Business

1 GRAPE
P.O. BOX 656
ALVA FL 33920

Mailing Address

1 GRAPE
P.O. BOX 656
ALVA FL 33920



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/30/1987

4. FEI Number

59-2799777

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

COLLING, LEE J.
500 N MAITLAND AVE
STE. 203
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D ☒ DELETE

NAME ZIMMICK, HELENE
STREET ADDRESS 4 JUTE ST, P O BOX 717
CITY-ST-ZIP ALVA FL

TITLE DT ☐ DELETE

NAME MESSINA, DOROTHY A
STREET ADDRESS 11 ASHE ST BOX 452
CITY-ST-ZIP ALVA FL

TITLE DP ☐ DELETE

NAME WYNN, BESSIE M.
STREET ADDRESS 1 GRAPE ST, P O BOX 656
CITY-ST-ZIP ALVA FL

TITLE DS ☐ DELETE

NAME PARTRIDGE, PEGGY
STREET ADDRESS 2 DILL ST, P.O. BOX 578
CITY-ST-ZIP ALVA FL 33920

TITLE DVP ☐ DELETE

NAME WESTER, DOROTHY
STREET ADDRESS 9 JUTE ST, P O BOX 817
CITY-ST-ZIP ALVA FL

TITLE D ☐ DELETE

NAME SASSO, KATHRYN J
STREET ADDRESS 11 CORK ST, P.O. BOX 1082
CITY-ST-ZIP ALVA FL 33920

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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: *Bessie M. Wynn* BESSIE M. Wynn 1/29/99 (941) 728-2495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)