FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49180 (5)

1. Corporation Name

MADERA PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% WHEELER, TRAVISS & MURRILL P.A. P.O. BOX 1396 WINTER HAVEN FL 33882	% WHEELER, TRAVISS & MURRILL P.A. P.O. BOX 1396 WINTER HAVEN FL 33882

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3126396 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 WHEELER & TRAVISS, P.A.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHEELER, IRVING W.
147 AVE A, NW
WINTER HAVEN FL 33880

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WHEELER, IRVING W.	12 NAME	
STREET ADDRESS	147 AVE A, NW	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	VICE PRES. D ☒ Change ☐ Addition
NAME	MURRELL, ROBERT E.	22 NAME	JAMES MARK WHEELER
STREET ADDRESS	250 2ND ST., S.W., #200	23 STREET ADDRESS	1950 N. LAKE ELOISE DR.
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
TITLE	DST	31 TITLE	SEC'Y - TREAS. D ☒ Change ☐ Addition
NAME	BEALE, ROSIE E.	32 NAME	DAVID L. WHEELER
STREET ADDRESS	147 AVE A, NW	33 STREET ADDRESS	41 LAKE MIRROR DR.
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 (changed) or on an attachment with an address.

SIGNATURE: _____ 4-12-95 813-294-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Irving W. Wheeler

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