FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



1998

Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS **/**E\

FILED

1. Corporation					(O)	1110						
MADERA PARK PROPERTY OWNERS ASSOCIATION, INC.												
Principal Place of Business				Mailing Address						. Lautrian bit erein teret inder satit aufr Rieft Bibit Gibit Bibit Bibit Bibit Bibit	411	
						TRAVISS & MURRILL P.A.				3. Date Incorporated or Qualified		
P.O. BOX 1396 WINTER HAVEN FL 33862				P.O. BOX 1396 WINTER HAVEN FL 33882						05/22/1992		
				*****	HER IMPERIE 500	202				4. FEI Number Applied Fo	ſ	
Dian's at 5	N 4 B 7								59-3126396 Not Applica	able		
2. Principal Place of Business 21 % Wheeler & Traviss				2a. Mailing Address				_		5. Certificate of Status Desired \$8.75 Additional	J	
Suite, Apt.	. #. etc.	<u>aviss,</u>	PA6 Wheeler & Traviss, PA Suite, Apt. #, etc.				iss,	PA				
22 139 Ave C S.W.				h						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State				City & State					•	7. Is this nonprofit corporation a homeowners association?		
	ter Ha	Fl.	28 Winter Haven, Fl.				Fl.		☐ Yes ☐ No			
Zip	·			_ `			Country			8. This corporation owes or has paid the current year Intangible		
24 3388	33880 25 US			29 33882 30			us us			Personal Property Tax due June 30. 🔀 Yes 🔲 No		
9. Name and Address of Current Registered Agent							B	1 Namo		10. Name and Address of New Registered Agent		
MATERIA CHANG W							L	Irving W. Wheeler				
WHEELER, IRVING W. 147 AVE A, NW							8	82 Street Addre		ress (P.O. Box Number is Not Acceptable)		
WINTER HAVEN FL 33880							8			11.0 0 0, 77.		
************		. 0000					Ļ					
							84	Wi ^{City} Wi	nt	ter Haven FL 85 Zip Code 33880		
11. Pursuant	to the provis	ions of Sect	ions 617.0502	and 61	7.1508, Florida Sta	itutes,	the abo	ve-named	corpo	poration submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registered	red	
agent. I a	registered aç am familiar w	ith, and acc	, in the State o opt the obligati	ions of,	a. Such change wa Section 617.0503,	as autr , Florid	norizeg b la Statute	by the corp es.	ooratio	thion's board of directors. I hereby accept the appointment as registere	d	
SIGNATURE												
12.	Signature typed		of registered agent FFICERS AND			NOTE: Re	egistered Ac	gent signature	require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP		TICCHO AND	DINEC	DELETE		1.1 TITLE		[ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition	
NAME	ı	ER, IRVING	W.				1.2 NAME			E Change C 100	tron	
STREET ADDRESS		E A, NW						T ADDRESS		139 AVENUE C, SW		
CITY-ST-ZIP	WINTER HAVEN FL						1.4 CITY-ST-ZIP			WINTER HAVEN, FL 33880		
TITLE	VPD		·····		DELETE		21 TITLE			Change Addi	tion	
NAME	WHEELI	er, James	M				22 NAME					
STREET ADDRESS	1000 11 0 000 000 011							2.3 STREET ADDRESS				
CITY-ST-ZIP		HAVEN F	<u>L</u>				2.4 CITY-	· ST - ZIP				
TITLE	STD		_		☐ DELETE		3.1 TITLE			☐ Change ☐ Addi	tion	
NAME		ER, DAVID					3.2 NAME					
STREET ADORESS		(E MIRROF	UK					T ADDRESS				
CITY-ST-ZIP TITLE	LANE P	LACID FL			DELETE		3.4. CITY-			☐ Change ☐ Addi	Naa	
NAME							4.2 NAME			Change Addi	uon	
STREET ADORESS	1							T ADDRESS				
CITY-ST-ZIP							4.4 CITY-	1				
TITLE					DELETE		5.1 TITLE			☐ Change ☐ Addi	lion	
NAME						I	52 NAME			_ , _		
STREET ADDRESS							5.3 STREE	T ADDRESS				
CITY - ST - ZIP							5.4 CITY-	ST-ZIP				
TITLE			-		DELETE		6.1 TITLE			Change Addi	tion	
NAME						į	6.2 NAME	j				
STREET ADDRESS							6.3 STREET ADDRESS					
CITY-ST-ZIP						1	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 of the receiver or trustee emporered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or oran attachment with an example.

SIGNATURE:

941-294-6977