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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N49180 (5)</b> 1. Corporation Name <b>MADERA PARK PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% WHEELER, TRAVISS &amp; MURRILL P.A. P.O. BOX 1396 WINTER HAVEN FL 33882</b>			Mailing Address <b>% WHEELER, TRAVISS &amp; MURRILL P.A. P.O. BOX 1396 WINTER HAVEN FL 33882</b>		
2. Principal Place of Business 21 <b>% Wheeler &amp; Traviss, PA</b> Suite, Apt. #, etc. 22 <b>139 Ave C S.W.</b> City & State 23 <b>Winter Haven, Fl.</b> Zip 24 <b>33880</b>		2a. Mailing Address 25 <b>Wheeler &amp; Traviss, PA</b> Suite, Apt. #, etc. 26 <b>P.O. Box 1396</b> City & State 27 <b>Winter Haven, Fl.</b> Zip 28 <b>33882</b>		Country 29 <b>US</b> 30 <b>US</b>	
9. Name and Address of Current Registered Agent <b>WHEELER, IRVING W. 147 AVE A, NW WINTER HAVEN FL 33880</b>					
10. Name and Address of New Registered Agent 81 Name <b>Irving W. Wheeler</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>139 Ave C S. W.</b> 83 84 City <b>Winter Haven</b> FL 85 Zip Code <b>33880</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>WHEELER, IRVING W.</b> 1.3 STREET ADDRESS <b>147 AVE A, NW</b> 1.4 CITY-ST-ZIP <b>WINTER HAVEN FL</b> 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME <b>WHEELER, JAMES M</b> 1.7 STREET ADDRESS <b>1950 N LAKE ELOISE DR</b> 1.8 CITY-ST-ZIP <b>WINTER HAVEN FL</b> 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME <b>WHEELER, DAVID P</b> 1.11 STREET ADDRESS <b>441 LAKE MIRROR DR</b> 1.12 CITY-ST-ZIP <b>LAKE PLACID FL</b> 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>139 AVENUE C, SW</b> 1.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 33880</b> 1.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP					

SIGNATURE: \_\_\_\_\_

4/22/98

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