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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49180

1. Corporation Name

MADERA PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% WHEELER, TRAVIS & MURRILL P.A.
139 AVE C SW
WINTER HAVEN FL 33880
US

Mailing Address

% WHEELER, TRAVIS & MURRILL P.A.
P.O. BOX 1396
WINTER HAVEN FL 33882



2. Principal Place of Business

21 C/O IRVING W. WHEELER

2a. Mailing Address

26 C/O IRVING W. WHEELER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 139 AVENUE C SOUTHWEST

27 P. O. BOX 2796

City & State

City & State

23 WINTER HAVEN, FLORIDA

28 WINTER HAVEN, FLORIDA

Zip

Zip

24 33880

25 POLK

29 33883-2796

30 POLK

9. Name and Address of Current Registered Agent

WHEELER, IRVING W.
139 AVE C SW
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

05/22/1992

4. FEI Number

59-3126396

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

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 DP
NAME WHEELER, IRVING W.
STREET ADDRESS 139 AVENUE C SW
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ DELETE

TITLE VPD
NAME WHEELER, JAMES M
STREET ADDRESS 1950 N LAKE ELOISE DR
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE STD
NAME WHEELER, DAVID P
STREET ADDRESS 441 LAKE MIRROR DR
CITY-ST-ZIP LAKE PLACID FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VPD ☒ Change ☐ Addition
2.2 NAME WHEELER, JAMES M.
2.3 STREET ADDRESS 179 HUTLEY OAKS BOULEVARD
2.4 CITY-ST-ZIP LAKE PLACID, FL 33862

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/98

Date

941-294-7461

Daytime Phone #

CR2E037 (11/98)