

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90201 044 ****61.25

DOCUMENT # N49180

1. Entity Name

MADERA PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O IRVING W. WHEELER
 139 AVE C SW
 WINTER HAVEN FL 33880
 US

Mailing Address

C/O IRVING W. WHEELER
 PO BOX 2796
 WINTER HAVEN FL 33883-2796
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3126396		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE IRVING W. WHEELER DATE 1/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing.)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐ **\$5.00** May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, IRVING W.		NAME	WHEELER, IRVING W.	
STREET ADDRESS	139 AVENUE C SW		STREET ADDRESS	139 AVENUE C SOUTHWEST	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, JAMES M		NAME	WHEELER, JAMES M.	
STREET ADDRESS	179 HUTLEY OAKS BOULEVARD		STREET ADDRESS	179 HUTLEY OAKS BOULEVARD	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, DAVID P		NAME	WHEELER, DAVID P.	
STREET ADDRESS	441 LAKE MIRROR DR		STREET ADDRESS	441 LAKE MIRROR DRIVE	
CITY-ST-ZIP	LAKE PLACID FL		CITY-ST-ZIP	LAKE PLACID, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: IRVING W. WHEELER, PRES. **1/23/01** **863-324-5373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)