

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT

1995 *98*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 FEB 24 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000764 (0)

1. Corporation Name

WASHINGTON PARK HOMEOWNER'S, INC.

W98-2795

REINSTATEMENT *95-98
158
2/24/98*

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

JIMMY DAVIDSON'S RESIDENCE
617 WILSON ST.
MOORE HAVEN FL 33471

P.O. BOX 484
MOORE HAVEN FL 33471

3. Date Incorporated or Qualified

02/15/1994

3a. Date of Last Report

4. FEI Number

☒ 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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

FILING FEE IS
\$61.25

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, JIMMY
617 WILSON ST.
MOORE HAVEN FL 33471

81 Name

82 Street Address (P.O. Box Number, if applicable) *10000241931--B*

02/26/98--01100--009

83 *****420.00 ****420.00*

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

Jimmy Davidson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE *Assistant Secretary* ☒ Change ☐ Addition
1.2 NAME *Annie Margaret Brown-"D"*
1.3 STREET ADDRESS *410 Orchard Avenue*
1.4 CITY-ST-ZIP *MOORE HAVEN, FL 33471*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE *Treasurer* ☒ Change ☐ Addition
2.2 NAME *Darrell Pierce*
2.3 STREET ADDRESS *1085 Pierce Street*
2.4 CITY-ST-ZIP *MOORE HAVEN, FL 33471*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE *Assistant Treasurer* ☒ Change ☐ Addition
3.2 NAME *Janie Gray*
3.3 STREET ADDRESS *P.O. Box 791 NA*
3.4 CITY-ST-ZIP *MOORE HAVEN, FL 33471*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE *Financial Secretary* ☐ Change ☒ Addition
4.2 NAME *Patricia Brown*
4.3 STREET ADDRESS *206 10th Street*
4.4 CITY-ST-ZIP *MOORE HAVEN, FL 33471*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE *Parliamentarian* ☐ Change ☒ Addition
5.2 NAME *PAOLYN M. DAVIDSON-"D"*
5.3 STREET ADDRESS *617 Wilson Street*
5.4 CITY-ST-ZIP *MOORE HAVEN, FL 33471*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE *Chaplain* ☐ Change ☒ Addition
6.2 NAME *Little Heavy-"D"*
6.3 STREET ADDRESS *1025 N.W. Thomas Street*
6.4 CITY-ST-ZIP *MOORE HAVEN, FL 33471*

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)(k), 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.

SIGNATURE:

Jimmy Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-98 (941) 946-1935
Date Daytime Phone #

CR2E037 (3/95)