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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001346 (4)

1. Corporation Name

ARCADIA WATERMELON ASSOCIATION, INC.

Principal Place of Business

23 ELVERNO AVE.  
ARCADIA FL 33821

Mailing Address

23 ELVERNO AVE.  
ARCADIA FL 34268-49013. Date Incorporated or Qualified  
03/21/19953a. Date of Last Report  
01/25/19964. FEI Number  
65-0568857Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.  
124 N. BREVARD AVE.  
ARCADIA FL 33821

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 PD ☒ DELETE  
NAME WARE, WILLIAM C  
STREET ADDRESS 23 ELVERNO AVE.  
CITY-ST-ZIP ARCADIA FL 33821TITLE VD ☒ DELETE  
NAME HAYDEN, WAYNE  
STREET ADDRESS P.O. BOX 283 N/A  
CITY-ST-ZIP FT. OGDEN FL 33842TITLE STD ☐ DELETE  
NAME GILLENBERG, GAYLE C  
STREET ADDRESS P.O. BOX 971 N/A  
CITY-ST-ZIP ARCADIA FL 33821TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition  
12 NAME WAYNE HAYDEN  
13 STREET ADDRESS P.O. BOX 283 N/A  
14 CITY-ST-ZIP FT. OGDEN, FL 3384221 TITLE 1st VP ☒ Change ☐ Addition  
22 NAME WILLIAM C WARE  
23 STREET ADDRESS 23 ELVERNO AVE  
24 CITY-ST-ZIP ARCADIA FL 3426631 TITLE D ☐ Change ☐ Addition  
32 NAME FRANK KIMBALL  
33 STREET ADDRESS 415 W. Imogene St  
34 CITY-ST-ZIP Arcadia, FL 3426641 TITLE D ☐ Change ☐ Addition  
42 NAME Willard Irwin  
43 STREET ADDRESS 162 Bridle Path  
44 CITY-ST-ZIP Arcadia, FL 3426651 TITLE D ☐ Change ☐ Addition  
52 NAME Budd Costner  
53 STREET ADDRESS 3008 NE Arcadia Ave  
54 CITY-ST-ZIP Arcadia, FL 3426661 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0083941

941-494-9500

CR2E037 (9/96)