

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05206

Entity Name: VILLAGE PARK ASSOCIATION, INC.**Current Principal Place of Business:**428 VILLAGE CIRCLE S.W.
WINTER HAVEN, FL 33880**Current Mailing Address:**428 VILLAGE CIRCLE S.W.
WINTER HAVEN, FL 33880**FEI Number:** 59-2751743**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHIEVE, JOHN
443 VILLAGE CIRCLE SW
WINTER HAVEN, FL 33380 US*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:** JOHN SCHIEVE

01/24/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name HUPERT, PAMELA
Address 435 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

Title PRESIDENT
Name RYAN, JOANNE
Address 423 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name RUSSELL, ARCHIE
Address 460 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

Title TREASURER
Name SCHIEVE, JOHN
Address 443 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name DOW, CAROL
Address 417 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name STEIN, JOHN C
Address 468 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

Title VP
Name QUINTO, ROSA
Address 499 VILLAGE CIR SW
City-State-Zip: WINTER HAVEN FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN B SCHIEVE

TREASURER

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date