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Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703162 (8)

1. Corporation Name

HIGHLANDS PARK ESTATES HOME OWNERS' ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

434 LEAHY  
HIGHLANDS PARK ESTATES  
LAKE PLACID FL 33852  
US434 LEAHY  
HIGHLANDS PARK ESTATES  
LAKE PLACID FL 33852-7775  
US3. Date Incorporated or Qualified  
11/09/19613a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASMUSSEN, ERNEST T.  
347 ADAMS AVENUE  
LAKE PLACID FL 33852

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
LAKE, EVA  
432 LEAHY AVE  
LAKE PLACID, FL 000001.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
JONES, KELENE  
529 VIRGINIA AVENUE  
LAKE PLACID FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
OBENCHAIN, HELEN  
1504 BALSAM ST  
LAKE PLACID, FL 000003.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
D  
☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
BONETT, ANGEL  
404 ADAMS  
LAKE PLACID, FL 000004.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
PD  
STRICKLAND, LARRY  
258 WASHINGTON  
LAKE PLACID, FL 33852  
☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JONES, SAM  
1015 CLEVELAND  
LAKE PLACID, FL 000005.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BONNET, JOE  
404 ADAMS AVE  
LAKE PLACID, FL 000006.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
P  
STEPHAN, PAUL  
401 ADAMS  
LAKE PLACID, FL 33852  
☐ Change ☒ Addition

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 • 0053827

CR2E037 (9/96)