

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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
US**

**434 LEAHY
HIGHLANDS PARK ESTATES
LAKE PLACID FL 33852
US**

3. Date Incorporated or Qualified

11/09/1961

4. FEI Number

59-3280395

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 **TD** ☐ DELETE
NAME **LAKE, EVA**
STREET ADDRESS **432 LEAHY AVE**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **JONES, KELENE**
STREET ADDRESS **529 VIRGINIA AVENUE**
CITY-ST-ZIP **LAKE PLACID FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **OBENCHAIN, HELEN**
STREET ADDRESS **1504 BALSAM ST**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **VERNON STAYER**
3.3 STREET ADDRESS **256 MARSHALL AVE.**
3.4 CITY-ST-ZIP **LAKE PLACID, FL. 33852**

TITLE **VD** ☒ DELETE
NAME **BONETT, ANGEL**
STREET ADDRESS **404 ADAMS**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **LURA MOITZO**
4.3 STREET ADDRESS **450 CLARK**
4.4 CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **D** ☐ DELETE
NAME **JONES, SAM**
STREET ADDRESS **1015 CLEVELAND**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BONNET, JOE**
STREET ADDRESS **404 ADAMS AVE**
CITY-ST-ZIP **LAKE PLACID, FL 00000**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: *Eva Lake* **LAKE, EVA** **4-23-98** **941-**

CR2E037 (10/97)