2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# 703162

Entity Name: HIGHLANDS PARK ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

434 LEAHY
HIGHLANDS PARK ESTATES
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

434 LEAHY
HIGHLANDS PARK ESTATES
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-3280395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONETT, JOE
404 ADAMS AVENUE
LAKE PLACID, FL 33852

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	LAKE, EVA,	
Address:	432 LEAHY AVE	
City-St-Zip:	LAKE PLACID, FL	
Title:	SD	( ) Delete
Name:	LOWDER, SUE	
Address:	350 FLAMMINGO ST.	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	PD	( ) Delete
Name:	OBENCHAIN, HELEN	
Address:	1504 BALSAM STREET	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VD	( ) Delete
Name:	SMART, JAN	
Address:	440 ADAMS AVENUE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	GARTLEY, JOE	
Address:	1608 BALSAM STREET	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	BONETT, JOE	
Address:	404 ADAMS AVE	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CLAY, TED N	
Address:	509 LAKESIDE DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TED N CLAY D 02/18/2004
Electronic Signature of Signing Officer or Director — Date