

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 010 ****61.25

DOCUMENT # 703162

1. Entity Name

HIGHLANDS PARK ESTATES ASSOCIATION, INC.



Principal Place of Business

434 LEAHY
HIGHLANDS PARK ESTATES
LAKE PLACID FL 33852
US

Mailing Address

434 LEAHY
HIGHLANDS PARK ESTATES
LAKE PLACID FL 33852
US



2. Principal Place of Business

3. Mailing Address

1500 LINCOLN AVE
Suite, Apt. #, etc.
LAKE PLACID
FL

PO Box 832
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

City & State

LAKE PLACID, FL

4. FEI Number

59-3280395

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONETT, JOE
404 ADAMS AVENUE BOTTLE BRUSH
LAKE PLACID FL 33852

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAKE, EVA	
STREET ADDRESS	432 LEAHY AVE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOWDER, SUE	
STREET ADDRESS	350 FLAMMINGO ST.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OBENCHAIN, HELEN	
STREET ADDRESS	1504 BALSAM STREET FRINGE ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAY, TED N	
STREET ADDRESS	509 LAKESIDE DRIVE LAKE'S EDGE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARTLEY, JOE	
STREET ADDRESS	1608 BALSAM STREET CREPE MYRTLE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONETT, JOE	
STREET ADDRESS	404 ADAMS AVE BOTTLE BRUSH	
CITY-ST-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, MARIE	
STREET ADDRESS	205 PATTON	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIL GAVAGNI	
STREET ADDRESS	1609 BRADLEY	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEROY SLOLITZ	
STREET ADDRESS	400 POLK AVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK KEY	
STREET ADDRESS	1507 BRADLEY	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE BOYER	
STREET ADDRESS	1615 BRADLEY	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helen Obenchain HELEN OBENCHAIN

3-30-05

863-465-2968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #