

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 034 ****61.25

DOCUMENT # 703162			
1. Entity Name HIGHLANDS PARK ESTATES ASSOCIATION, INC.			
Principal Place of Business 91 1500 DEER GLEN BLVD LAKE PLACID FL 33852 US		Mailing Address P.O. BOX 832 LAKE PLACID FL 33862 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent BONETT, JOE 404 BOTTLEBRUSH LAKE PLACID FL 33852		7. Name and Address of New Registered Agent Name JOE GARTLEY Street Address (P.O. Box Number is Not Acceptable) 1608 PRUITT'S LANDING City LAKE PLACID FL Zip Code 33852	
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 <i>Joseph E. Gartley</i> DATE 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, MARIE 205 PATTON LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRUS, LEE 636 HIGHLANDS LK DR LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAVAGNI, LIL 1609 BRADLEY LAKE PLACID FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAMES MILKEY 1497 ERROL ST., LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBENCHAIN, HELEN 1504 FRINGE ST LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEY FRANK 1504 BRADLEY LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, TED N 509 LAKESEDGE DRIVE LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUE LONDER 350 FLAMINGO LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTLEY, JOE 1608 PRUITTS LANDING LAKE PLACID FL 33852 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOLTZ, LEROY SR. 400 POLK AVE LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONETT, JOE 404 BOTTLEBRUSH LAKE PLACID FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WP CONLEY, DOB. 411 BUDDY AVE LAKE PLACID, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** *April 15, 2007* **863-465-2468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #