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

SIGNATURE:

Apr 04, 2005 08:00 AM Secretary of State **DOCUMENT # 731541** 1. Entity Name HIGHLAND LAKE EASY APARTMENTS, INC. Principal Place of Business Mailing Address 1860 S HIGHLAND PARK DRIVE LAKE WALES FL 33898 1860 S HIGHLAND PARK DRIVE LAKE WALES FL 33898 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHINSKI, MATTHEW B Street Address (P.O. Box Number is Not Acceptable) 1860 S HIGHLAND PARK DRIVE LAKE WALES FL 33853 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHÁNGES TO OFFICERS AND DIRECTORS IN 10 PTD THE Delete LHE Change ☐ Addition CHINSKI, MATTHEW B NAME MAME 1/000000287711 1860 S HIGHLAND PARK DRIVE STREET ADDRESS STREET ADDRESS 04/04/05-80081-006 61.25 LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP SVPD Delete TUTLE THILE ☐ Change Addition CHINSKI, KELLI L NAME NAME 1860 S HIGHLAND PARK DRIVE STREET ADDRESS CIRECT ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP SVPD Delete TITLE ☐ Change Addition CHINSKI, LORI A NAME NAME 1860 S HIGHLAND PARK DRIVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CitY-S1-ZIP TITLE Delete TOTAL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CATY-ST-ZIP TITLE Delete THE Change Addition NAME NAME STREET ADDRESS SURFET ADDRESS CITY-ST-7IP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information inclicated 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 his 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED