2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # 731541 1. Entity Name 04-11-2006 90111 011 ****61.25 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 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For City & State **NO-T APPLICABLE** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHINSKI, MATTHEW B Street Address (P.O. Box Number is Not Acceptable) 1860 S HIGHLAND PARK DRIVE LAKE WALES FL 33853 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 计,然為問題 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete CHINSKI, MATTHEW B NAME NAME STREET ADDRESS 1860 S HIGHLAND PARK DRIVE STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP SVPD ☐ Delete ☐ Change Addition CHINSKI, KELLI L NAME NAME 1860 S HIGHLAND PARK DRIVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-ZIP SVPD ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME CHINSKI, LORI A NAME STREET ADDRESS 1860 S HIGHLAND PARK DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

FILED