

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767648** (9)
1. Corporation Name
HIGHLAND VILLAGE MOBILE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
20 N. ORANGE AVENUE SUITE 1107 ORLANDO FL 32801 **20 N. ORANGE AVENUE 700 ORLANDO FL 32801 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1983** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-2368541** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **SUITE # 700**
23 Zip Country 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**COLLING, LEE JAY
200 N. ORANGE AVENUE
STE. 700
ORLANDO FL 32801-8872**

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JUNE, HUGH R
STREET ADDRESS	375 BRANNEN ROAD, 21
CITY-ST-ZIP	LAKELAND FL
TITLE	VP
NAME	HLADIK, HELENE
STREET ADDRESS	375 BRANNEN ROAD, 227
CITY-ST-ZIP	LAKELAND FL
TITLE	T
NAME	GUION, LYLE
STREET ADDRESS	375 BRANNEN RD #42
CITY-ST-ZIP	LAKELAND FL
TITLE	S
NAME	VANBAALEN, EMILY
STREET ADDRESS	375 BRANNEN ROAD, 375
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	COCQUYT, ROBERT
STREET ADDRESS	375 BRANNEN ROAD, 127
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	ALOISIO, MARY
STREET ADDRESS	375 BRANNEN ROAD, 127
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILMA McINTOSH	
1.3 STREET ADDRESS	375 BRANNEN RD #13	
1.4 CITY-ST-ZIP	LAKELAND, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERB KELLY	
2.3 STREET ADDRESS	375 BRANNEN RD. #90	
2.4 CITY-ST-ZIP	LAKELAND, FL.	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALT WELSHANS	
4.3 STREET ADDRESS	375 BRANNEN RD. #26	
4.4 CITY-ST-ZIP	LAKELAND, FL.	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BUD VOJVODICH	
5.3 STREET ADDRESS	375 BRANNEN RD. 130	
5.4 CITY-ST-ZIP	LAKELAND, FL.	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JACK WOODWARD	
6.3 STREET ADDRESS	375 BRANNEN RD. #164	
6.4 CITY-ST-ZIP	LAKELAND, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed, or on an attachment with an address.

SIGNATURE: Walt Welshans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FEB 24, 1995 813-648-5295
WALT WELSHANS SECRETARY