

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 03/24/1983  
3a. Date of Last Report: 03/10/1995

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

4. FEI Number: 59-2368541 (CHANGE!) 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MCINTOSH, WILMA STREET ADDRESS: 375 BRANNEN RD #13 CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	1.1 TITLE: P NAME: WELSHANS, WALTER 1.2 NAME: WELSHANS, WALTER 1.3 STREET ADDRESS: 375 W. Brannen RD, #26 1.4 CITY-ST-ZIP: Lakeland FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KELLY, HERB STREET ADDRESS: 375 BRANNEN RD #90 CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	2.1 TITLE: V 2.2 NAME: SUTLIEF, BILL 2.3 STREET ADDRESS: 375 W. Brannen RD, #73 2.4 CITY-ST-ZIP: Lakeland FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GUION, LYLE STREET ADDRESS: 375 BRANNEN RD #42 CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	3.1 TITLE: T 3.2 NAME: GUION LYLE F 3.3 STREET ADDRESS: 375 W. Brannen RD, #42 3.4 CITY-ST-ZIP: Lakeland FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WELSHANS, WALT STREET ADDRESS: 375 BRANNEN RD #26 CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	4.1 TITLE: S 4.2 NAME: MC INTOSH, WILMA 4.3 STREET ADDRESS: 375 W. Brannen RD, #13 4.4 CITY-ST-ZIP: Lakeland FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: VOJVODICH, BUD STREET ADDRESS: 375 BRANNEN RD #130 CITY-ST-ZIP: LAKELAND FL	<input type="checkbox"/> DELETE	5.1 TITLE: SAME 5.2 NAME: SAME 5.3 STREET ADDRESS: SAME 5.4 CITY-ST-ZIP: SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WOODWARD, JACK STREET ADDRESS: 375 BRANNEN RD #164 CITY-ST-ZIP: LAKELAND FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: KELLY, HERB 6.3 STREET ADDRESS: 375 W. Brannen RD, #90 6.4 CITY-ST-ZIP: Lakeland FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Lyle F. Guion LYLE F. GUION TREASURER 2-22-96 (941) 644-0616  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)