


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767648 (9)
1. Corporation Name
HIGHLAND VILLAGE MOBILE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business [REDACTED]	Mailing Address [REDACTED]
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3. Date Incorporated or Qualified 03/24/1983	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2368514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1342 E. Vine Street Suite, Apt. #, etc.	26 1342 E. Vine Street Suite, Apt. #, etc.
22 #236 City & State	27 #236 City & State
23 Kissimmee, Fla. Zip Country	28 Kissimmee, Fla. Zip Country
24 34744	25 Osceola
29 34744	30 Osceola

9. Name and Address of Current Registered Agent
[REDACTED]

10. Name and Address of New Registered Agent

81 Name Michael L. Resnick
82 Street Address (P.O. Box Number is Not Acceptable) 1342 E. Vine Street, #236
83
84 City Kissimmee
85 Zip Code FL 34744

11. Pursuant to the provisions of Sections 617.0602 and 617.1608, 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 duties of, Section 617.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/25/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELSHANS, WALTER 375 W BRANNEN ROAD #26 LAKELAND FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTLIFF, BILL 375 W BRANNEN ROAD #73 LAKELAND FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUION, LYLE F. 375 W BRANNEN ROAD #42 LAKELAND FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTOSH, WILMA 375 W BRANNEN RD #13 LAKELAND FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOJVODICH, BUD 375 BRANNEN RD #130 LAKELAND FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERB, KELLY 375 W BRANNEN ROAD #80 LAKELAND FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Carl Hoffman 375 Brannen Rd # 4 Lakeland FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Frank Petkovish 375 Brannen Rd #292 Lakeland FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D George Wells 375 Brannen Rd #249 Lakeland FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE **2/25/97**

CR2E037 (9/96)