FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

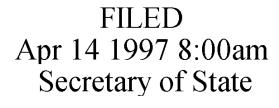
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(9)

HIGHLAND VILLAGE MOBILE HOME OWNERS' ASSOCIATION , INC.

Principal Place of Business Mailing Address





				03/24/1983	Date of Last Report 02/27/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-2368514	Applied For
21 1342 Suite, Apt	2 E. Vine Street	26 1342 E Vi Suite, Apt. #, etc.	ne-Stree	t	Not Applicable \$8.75 Additional
22 #2	236	27 #236		5. Certificate of Status Desired	Fee Required
City & State	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Kissi	lmmee, Fla.	Kissimmee,	_Fla.	Trust Fund Contribution	Added to Fees
Zip 24 34744	Country 1 0sceola	Zip 29 34744 3	Country Osceola	8. This corporation has liability for intangil The Florida Statutes Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registers	
81 Name Michael I. Resnick 82 Street Address (P.O. Box Number is Not Acceptable) 1342 E. Vine Street, #236 84 City Kissimmee FL 85 Zip Code 34744					
11. Pursuant to the provisions of Sections 617.0602 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 this 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 appointment as registered statutes. SIGNATURE					
	Signature, typed or printed name of registered agent OFFICERS AND		Rogistered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 10
12.	P OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/GHANGES TO OFFICERS A	Change X Addition
NAME	WELSHANS, WALTER		1.2 NAME	Carl Hoffman	1
STREET ADDRESS	375 W BRANNEN ROAD #26		1.3 STREET ADDRESS	375 Brannen Rd # 4	[
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakelani Fl	
TITLE	V	☐ DELETE	2.1 TITLE	_D	Change Landdillion
NAME	SUTLIFF, BILL		2.2 NAME	Frank Petkovish	
STREET ADDRESS	375 W Brannen Road #73 Lakeland Fl.		2 3 STREET ADDRESS	375 Brannen Rd #292	
,CITY-ST-ZIP	T	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Lakeland Fl D	Change Addition
NAME	GUION, LYLE F.	•	3.2 NAME	George Wells	
STREET ADDRESS	375 W BRANNEN ROAD #42		3.3 STREET ADDRESS	375 Brannen Rd #249	
CITY+ST-ZIP	LAKELAND FL		3.4. CITY - S1 - ZIP	Lakeland Fl	
TITLE	\$	DELETE	4.1 TITLE		Change Addition
NAME	MCINTOSH, WILMA		4, 2 NAME		}
STREET ADDRESS	375 W BRANNEN RD #13 LAKELAND FL		4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	VOJVODICH, BUD		5.2 NAME		
STREET ADDRESS	375 BRANNEN RD #130		5.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	· ·- -	☐ Change ☐ Addition
NAME	HERB, KELLY		6.2 NAME	· ·	1
STREET ADDRESS	375 W BRANNEN ROAD #90		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	20. 0.12 (10 4	6.4 C(TY - ST - ZIP	lated in Coation 140 07(9)(i) Florida Cost to 11 - V	Land the state of

. I do nereby certify that the information supplied with this filling 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 it 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.

LANGE OF WELL CHILDREN