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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 767648
1. Corporation Name
Highland Village Mobile Home Owners Association Inc.

Principal Place of Business Mailing Address
375 Brannen Road, Lakeland, Florida 33813
Mail Box 31

3. Date Incorporated or Qualified
March 24, 1983 CH NO 767648
4. FEI Number
592368514 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Michael L. Resnick, Esquire
1342 E. Vine Street, Suite 236
Kissimmee, Florida 34744

10. Name and Address of New 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 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 Michael L. Resnick DATE 3-28-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Walt Welshans	
STREET ADDRESS	375 W. Brannen #26	
CITY-ST-ZIP	Lakeland, Florida 33813	
TITLE	WILMA Mcintosh	<input checked="" type="checkbox"/> DELETE
NAME	Secretary	
STREET ADDRESS	375 W. Brannen #13	
CITY-ST-ZIP	Lakeland, Florida 33813	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	HERB KELLY	
STREET ADDRESS	375 W BRANNEN #90	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	TRASURER / DIRECTOR	<input type="checkbox"/> DELETE
NAME	LYLIE GUION	
STREET ADDRESS	377 W BRANNEN #42	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	WALTER VOJUDICH	
STREET ADDRESS	375 W BRANNEN RD #130	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V. PRESIDENT	<input type="checkbox"/> DELETE
NAME	WIM SUTLIFF	
STREET ADDRESS	375 W BRANNEN RD #43	
CITY-ST-ZIP	LAKELAND FL 33813	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Charles E. Rogers	
13 STREET ADDRESS	375 W. Brannen, #222	
14 CITY-ST-ZIP	Lakeland, Florida 33813	
21 TITLE	Secretary / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Patrick R. Bossenbery	
23 STREET ADDRESS	375 W. Brannen #123	
24 CITY-ST-ZIP	Lakeland, Florida 33813	
31 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WIM SUTLIFF	
33 STREET ADDRESS	375 W. BRANNEN RD #23	
34 CITY-ST-ZIP	LAKELAND FL 33813	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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: *Wim Suttiff* DATE: 3-28-98 DAYTIME PHONE #: 9416440947

CR2E037 (10/97)