


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90025 035 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 767648

1. Corporation Name
HIGHLAND VILLAGE MOBILE HOME OWNERS' ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 375 BRANNEN ROAD MAIL BOX 31 LAKELAND FL 33813 US | Mailing Address 375 BRANNEN ROAD MAIL BOX 31 LAKELAND FL 33813 US |
|---|---|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 03/24/1983 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2368514 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 |

9. Name and Address of Current Registered Agent

RESNICK, MICHAEL L ESQ
1342 E. VINE STREET
#236
KISSIMMEE FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROGERS, CHARLES E | |
| STREET ADDRESS | 375 WEST BRANNEN #222 | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BOSENBERY, PATRICK R | |
| STREET ADDRESS | 375 WEST BRANNEN #123 | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SUTLIFF, W.M. | |
| STREET ADDRESS | 375 WEST BRANNEN ROAD #73 | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GUION, LYLE | |
| STREET ADDRESS | 377 WEST BRANNEN #42 | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VOJMODICH, WALTER | |
| STREET ADDRESS | 375 WEST BRANNEN #130 | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|---|
| 1.1 TITLE | FD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | GEORGE WELLS | |
| 1.3 STREET ADDRESS | 375 W. Brannen Rd # 249 | |
| 1.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | FRANK PETKOVICH | |
| 2.3 STREET ADDRESS | 375 W. Brannen Rd # 292 | |
| 2.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HERBERT KELLY | |
| 3.3 STREET ADDRESS | 375 W Brannen Rd # 90 | |
| 3.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 4.1 TITLE | FD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | EVA E. JOHNSON | |
| 4.3 STREET ADDRESS | 375 W. Brannen Rd #364 | |
| 4.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 5.1 TITLE | Carl D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Carl Hoffman | |
| 5.3 STREET ADDRESS | 375 W Brannen Rd # 4 | |
| 5.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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, with all other like empowered.

SIGNATURE: Eva E. JOHNSON SIGNATURE REQUIRED E. JOHNSON 1/22/99 (941-614-5073)
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)