

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 009 ****61.25

DOCUMENT # 767648

1. Entity Name

HIGHLAND VILLAGE MOBILE HOME OWNERS' ASSOCIATION

Principal Place of Business

Mailing Address

375 BRANNEN ROAD
 MAIL BOX 31
 LAKE LAND FL 33813
 US

375 BRANNEN ROAD
 MAIL BOX 31
 LAKE LAND FL 33813-2738
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2368514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESNICK, MICHAEL L ESQ
1342 E. VINE STREET
#236
KISSIMMEE FL 34744

Name **Ronald L. Clark, Esquire**

Street Address (P.O. Box Number is Not Acceptable)
Clark & Campbell, P.A.

4740 Cleveland Heights Boulevard

City **Lakeland** FL Zip Code **33813**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Ronald L. Clark* **Ronald L. Clark** **Feb 14, 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VD	<input type="checkbox"/> Delete
NAME	WELLS, GEORGE	
STREET ADDRESS	375 W. BRANNEN RD #249	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOJUODICH, WALTER	
STREET ADDRESS	375 WEST BRANNEN #130	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT BOSSENBERY	
STREET ADDRESS	375 WEST BRANNEN #109	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL FORTUNA	
STREET ADDRESS	375 WEST BRANNEN #42	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER ROBINSON	
STREET ADDRESS	375 WEST BRANNEN #32	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED ENGEL	
STREET ADDRESS	375 WEST BRANNEN #359	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM VANESKY	
STREET ADDRESS	375 WEST BRANNEN #15	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL SWEETLAND	
STREET ADDRESS	375 WEST BRANNEN #319	
CITY-ST-ZIP	LAKELAND FL 33813	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Suttiff* **WILLIAM SUTLIFF** **2-12-2000** **863 6440947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)