

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90035 003 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2368514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, RONALD L
CLARK & CAMPBELL PA
4740 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 checked="" type="checkbox"/> Delete
NAME	ROGERS, CHARLES E	
STREET ADDRESS	375 WEST BRANNEN #222	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" 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	BOSENBERY, PAT	
STREET ADDRESS	375 W BRANNEN #109	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FORTUNA, CAROL	
STREET ADDRESS	375 W BRANNEN #42	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM VANESKY	
STREET ADDRESS	375 W. BRANNEN RD #15	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED ENGEL	
STREET ADDRESS	375 W. BRANNEN RD #359	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SUTLIFF	
STREET ADDRESS	375 W. BRANNEN RD 73	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE WELLS	
STREET ADDRESS	375 W. BRANNEN RD #249	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL SWEETLAND	
STREET ADDRESS	375 W. BRANNEN RD #319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELINE McGRATH	
STREET ADDRESS	375 W BRANNEN RD # 141	
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: *George P Wells Jr* / *George P. Wells Jr Pres* 27 Feb 2001 647-0908
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)