

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90170 025 \*\*\*\*61.25

**DOCUMENT # 767648**

1. Entity Name

**HIGHLAND VILLAGE MOBILE HOME OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

375 BRANNEN ROAD  
 MAIL BOX 31  
 LAKELAND FL 33813  
 US

375 BRANNEN ROAD  
 MAIL BOX 31  
 LAKELAND FL 33813  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2368514**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

**500 S. FLORIDA AVE SUITE 800**

City

**LAKELAND**

**FL**

Zip Code

**33801**

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	S	<input checked="" type="checkbox"/> Delete
NAME	VANESKY, JIM	
STREET ADDRESS	375 W. BRANNEN RD #15	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, FRED	
STREET ADDRESS	375 W BRANNEN RD #359	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUTLIFF, WILLIAM	
STREET ADDRESS	375 WEST BRANNEN ROAD #73	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELLS, GEORGE	
STREET ADDRESS	375 W. BRANNEN RD #249	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEETLAND, AL	
STREET ADDRESS	375 W BRANNEN RD #319	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGRATH, JACQUELINE	
STREET ADDRESS	375 W BRANNEN RD #141	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANESKY, Jim	
STREET ADDRESS	375 WEST BRANNEN #15	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OGILVY, MARGARET	
STREET ADDRESS	375 WEST BRANNEN RD #227	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTLIFF, William	
STREET ADDRESS	375 WEST BRANNEN RD #73	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, GEORGE	
STREET ADDRESS	375 WEST BRANNEN RD #249	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZULL WEN DELL	
STREET ADDRESS	375 WEST BRANNEN RD # 137	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET OGILVY	
STREET ADDRESS	375 WEST BRANNEN RD # 227	
CITY-ST-ZIP	LAKELAND FL 33813	

CR2E037 (9/01)

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: **MARGARET OGILVY** *Margaret Ogilvy* 3-12-2002 863 646 0453  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #