


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90011 043 \*\*\*\*61.25

**DOCUMENT # 767648**

1. Entity 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**

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2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07132004 Chg-NP CR2E037 (10/03)

City & State  
Zip Country

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

**CLARK, RONALD L  
500 S. FLORIDA AVE  
SUITE 800  
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WELLS, GEORGE 375 W. BRANNEN RD #249 LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGILVY, MARGARET 375 WEST BRANNEN RD 227 LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTLIFF, WILLIAM 375 WEST BRANNEN ROAD #73 LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANESKY, JAMES 375 W. BRANNEN RD #15 LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULL, WENDELL 375 WEST BRANNEN RD #137 LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGRATH, JACQUELINE 375 W BRANNEN RD #141 LAKELAND, FL 33813	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Edwards 375 W Brannen Rd Lot 305 Lakeland, Fla 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 President 10 July 04 863-647-0908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #