


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90059 031 ****70.00

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	
2. Principal Place of Business 375 W. Brannen Rd		3. Mailing Address 375 W. Brannen Rd	
Suite, Apt. #, etc. Lot # 31		Suite, Apt. #, etc. Lot # 31	
City & State Lakeland 71		City & State Lakeland 71	
Zip 33813	Country U.S.A	Zip 33813	Country U.S.A
4. FEI Number 59-2368514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 LINDA CONSENTINO Street Address (P.O. Box Number is Not Acceptable) 375 W BRANNEN Rd # 196 Lakeland City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Linda Consentino - Board Member DATE 3-6-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, GEORGE 375 W. BRANNEN RD #249 LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - P James Moeter 375 W Brannen Rd # 123 Lakeland 71 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSENTINO, LINDA 375 WEST BRANNEN RD #196 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - D Art Stevens 375 W Brannen Rd # 20 Lakeland 71 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUTLIFF, WILLIAM 375 WEST BRANNEN ROAD #73 LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - T Ruth Hoff 375 W Brannen Rd #91 Lakeland 71 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, BOB 375 W BRANNEN RD LOY 305 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - D Patrick Bossenbery 375 W Brannen Rd # 109 Lakeland 71 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZULL, WENDELL 375 WEST BRANNEN RD #137 LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - VP MARLENE DAVIS 375 W Brannen Rd # 145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTERLINE, AL 375 W BRANNEN RD #152 LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - D George Spurlock 375 W Brannen Rd # 189 Lakeland 71 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda Consentino - LINDA CONSENTINO		DATE: 3-6-06 DAYTIME PHONE: 863 709-0549	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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