


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 029 \*\*\*\*61.25

<b>DOCUMENT # 767648</b>			
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 - No P.O. Box #		3. Mailing Address <i>375 W Brannen Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Lot 31</i>	
City & State		City & State <i>Lakeland FL</i>	
Zip		Country <i>USA</i>	
4. FEI Number 59-2368514		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONSENTINO, LINDA 375 W BRANNEN RD 196 LAKELAND, FL 33813		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Linda Consentino, Director</i>		DATE: <i>2-23-07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		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: P <input checked="" type="checkbox"/> Delete	NAME: PORTER, JAMES STREET ADDRESS: 375 W BRANNEN RD 123 CITY-ST-ZIP: LAKELAND, FL 33813	TITLE: <i>Vice President - VP</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>Dave Cote</i> STREET ADDRESS: <i>375 W Brannen Rd Lot # 54</i> CITY-ST-ZIP: <i>Lakeland FL 33813</i>
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: STEVENS, ART STREET ADDRESS: 375 W BRANNEN RD 20 CITY-ST-ZIP: LAKELAND, FL 33813	TITLE: <i>Treasurer - T</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>Glenn Ribbeck</i> STREET ADDRESS: <i>375 W Brannen Rd Lot # 93</i> CITY-ST-ZIP: <i>Lakeland FL 33813</i>
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: HOFF, RUTH STREET ADDRESS: 375 W BRANNEN RD 91 CITY-ST-ZIP: LAKELAND, FL 33813	TITLE: <i>Secretary - S</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>Linda Consentino</i> STREET ADDRESS: <i>375 W Brannen Rd Lot # 196</i> CITY-ST-ZIP: <i>Lakeland, FL 33813</i>
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: EDWARDS, BOB STREET ADDRESS: 375 W BRANNEN RD LOY 305 CITY-ST-ZIP: LAKELAND, FL 33813	TITLE: <i>Larry Smith - D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>Larry Smith</i> STREET ADDRESS: <i>375 W Brannen Rd Lot # 263</i> CITY-ST-ZIP: <i>Lakeland FL 33813</i>
TITLE: VP <input type="checkbox"/> Delete	NAME: DAVIS, MARLENE STREET ADDRESS: 375 W BRANNENE RD 145 CITY-ST-ZIP: LAKELAND, FL 33813	TITLE: <i>President - P</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Marlene Davis</i> STREET ADDRESS: <i>375 W Brannen Rd Lot # 145</i> CITY-ST-ZIP: <i>Lakeland FL 33813</i>
TITLE: D <input type="checkbox"/> Delete	NAME: CASTERLINE, AL STREET ADDRESS: 375 W BRANNEN RD #152 CITY-ST-ZIP: LAKELAND, FL 33813	TITLE: <i>George Matz - D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <i>George Matz</i> STREET ADDRESS: <i>375 W Brannen Rd Lot # 64</i> CITY-ST-ZIP: <i>Lakeland FL 33813</i>
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: <i>Linda Consentino - Linda Consentino</i>		Director <i>1-863 709-0549</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>2-23-07</i> Daytime Phone #	