SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUL 27 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L09153** **(2)**

1. Corporation Name
HIGH PARK VILLAGE, INC.

Mailing Address	Principal Place of Business
C/O DOUGLAS S. LEONI	C/O DOUGLAS S. LEONI
P.O. BOX 12368	P.O. BOX 12368
TALLAHASSEE FL 32317	TALLAHASSEE FL 32317

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21)	2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **08/15/1989**
3a. Date of Last Report: **06/08/1993**
4. FEI Number: **26-1834043** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEONI, DOUGLAS S. 820 EAST PARK AVENUE TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1111 High Road 83 84 City: TLH FL 85 Zip Code: 32304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is changed) (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P	11 TITLE
12 NAME	LEONI, DOUGLAS S.	12 NAME
13 STREET ADDRESS	820 E. PARK AVE.	13 STREET ADDRESS
14 CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP
21 TITLE	S/T	21 TITLE
22 NAME	LEONI, CHARLES	22 NAME
23 STREET ADDRESS	225 NE 34TH ST.	23 STREET ADDRESS
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP
31 TITLE	V	31 TITLE
32 NAME	LEONI, JONATHAN	32 NAME
33 STREET ADDRESS	820 E. PARK AVE.	33 STREET ADDRESS
34 CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP
41 TITLE		41 TITLE
42 NAME		42 NAME
43 STREET ADDRESS		43 STREET ADDRESS
44 CITY-ST-ZIP		44 CITY-ST-ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY-ST-ZIP		54 CITY-ST-ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY-ST-ZIP		64 CITY-ST-ZIP

APT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/22/94 (904) 681-0038
MANDATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

D1B1413