FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03436 (5)

1. Corporation Name
HIGHLAND GARDENS RESIDENT ASSOCIATION, INCORPOR ATED

Principal Place of Business	Mailing Address
331 NE 48TH ST. #22 POMPANO BEACH FL 33064 US	331 NE 48TH ST. #106 POMPANO BEACH FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2495720 (Applied For / Not Applicable)

	Principal Place of Business	Mailing Address
2. / 2a.	HIGHLAND GARDENS APTS. 331 NE 48th Street	331 NE 48th Street
21 / 26		
Suite, Apt. #, etc.	Apt. #313	Apt. #313
22 / 27		
City & State	Pompano Beach, Fl	Pompano Beach, Fl
23 / 28		
Zip / Country	33064 / BROWARD	33064 / BROWARD
24 / 25 / 29 / 30		

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 ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PUBLIESE, SANTA
331 NE 48TH ST.
#106
POMPANO BCH. FL 33064

10. Name and Address of New Registered Agent

81 Name: Clyde Sharpton
82 Street Address (P.O. Box Number is Not Acceptable): 331 NE 48th Street
83: Apt. 313
84 City: Pompano Beach — 85 Zip Code: FL 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: CLYDE SHARPTON Clyde Sharpton 2/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT PD	☒ Change ☐ Addition
NAME	PUGLIESE, SANTA	12 NAME	Clyde Sharpton	
STREET ADDRESS	331 NE 48TH ST., #106	13 STREET ADDRESS	331 NE 48th Street Apt. 313	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	Pompano Beach, Fl 33064	
TITLE	SD	21 TITLE	Vice President VD,	☒ Change ☐ Addition
NAME	ALBURY, BARBARA	22 NAME	Freddie Mc Coy	
STREET ADDRESS	331 NE 48TH ST., #106	23 STREET ADDRESS	331 NE 48th Street Apt. 123	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Pompano Beach, Fl 33064	
TITLE	VD	31 TITLE	Linda Avery DECLINE	☒ Change ☐ Addition
NAME	JOVARES, CELIA T	32 NAME		
STREET ADDRESS	331 NE 48TH ST., #106	33 STREET ADDRESS	331 NE 48th Street Apt. 222	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	Pompano Beach, Fl 33064	
TITLE	TD	41 TITLE	Treasurer TD	☒ Change ☐ Addition
NAME	RUTHERFORD, MARGARET	42 NAME	Virginia Marion	
STREET ADDRESS	331 NE 48TH ST #320	43 STREET ADDRESS	331 NE 48th Street #234	
CITY-ST-ZIP	POMPANO BCH. FL	44 CITY-ST-ZIP	Pompano Beach, Fl 33064	
TITLE		51 TITLE	ACTING SEC'T SD,	☑ Change ☐ Addition
NAME		52 NAME	BARBARA ALBURY	
STREET ADDRESS		53 STREET ADDRESS	331 NE 48 ST. #231	
CITY-ST-ZIP		54 CITY-ST-ZIP	POMPANO B, FLA 33064	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(k), 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 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 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: Clyde Sharpton 2/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940102