

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03436 (5)

1. Corporation Name

HIGHLAND GARDENS RESIDENT ASSOCIATION, INCORPORATED



Principal Place of Business

331 N.E. 48TH ST.
APT. #313
POMPANO BEACH FL 33064
US

Mailing Address

331 N.E. 48TH STREET
APT. #33
POMPANO BEACH FL 33064
US

3. Date Incorporated or Qualified
06/04/1984

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2495720

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SHARPTON, CLYDE
331 N.E. 48TH STREET
APT. 313
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name Virginia Marion
82 Street Address (P.O. Box Number is Not Acceptable)
331 N.E. 48th St
83 Apt # 234
84 City Pompano Beach FL 85 Zip Code 33064

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Virginia Marion

(NOTE: Registered Agent signature required when reinstating)

3-11-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SHARPTON, CLYDE	331 N.E. 48TH ST., APT. 313	POMPANO BEACH FL	<input checked="" type="checkbox"/>
VD	MCCOY, FREDDIE	331 N.E. 48TH STREET	POMPANO BEACH FL	<input checked="" type="checkbox"/>
ASD	ALBURY, BARBARA	331 N.E. 48TH ST. #231	POMPANO BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Virginia Marion	331 N.E. 48th St. Apt #231	Pompano Beach FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Barbara Albury	331 NE 48th St Apt 231	Pompano Beach FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEC	MARY ANN NOWAK	331 NE 48th St #109	Pompano Beach FLA 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TRES	Sherrrie Ann Kullas	331 NE 48th St #114	Pompano Beach, FLA 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an address.

SIGNATURE:

Virginia Marion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

DATE

426-8339

DAYTIME PHONE #

CR2E037 (12/95)