

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:25

DOCUMENT # **N43751** (9)  
1. Corporation Name  
**HIGHLAND PARK APARTMENT CLUB, INC.**

Principal Place of Business Mailing Address  
**1650 S. HIGHLAND PARK DR.  
LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1991** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **NOT APPLICABLE** 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  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**INGERSOLL, CHARLES B  
1650 S. HIGHLAND PARK DR.  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Charles B. Ingersoll DATE Jan 17, 1995  
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	INGERSOLL, CHARLES B.
STREET ADDRESS	1650 S HIGHLAND PARK DR
CITY- ST- ZIP	LAKE WALES FL 33853
TITLE	DV
NAME	HUSTON, ROBERT K.
STREET ADDRESS	507-22 CONCORD DOWNS LN.
CITY- ST- ZIP	AURORA OH 44202
TITLE	DS
NAME	WILSON, ROBERT H.
STREET ADDRESS	CROSSLANDS 230
CITY- ST- ZIP	KENNETT SQUARE PA 19348
TITLE	D
NAME	JACKSON, MARY KAY
STREET ADDRESS	5023 FREW AVE. LANE
CITY- ST- ZIP	PITTSBURGH PA 15213
TITLE	D
NAME	HENRY, DANNE R
STREET ADDRESS	86 WAITES LANDING
CITY- ST- ZIP	FALMOUTH FORESIDE ME 04105
TITLE	D
NAME	DEVLIN, JAMES J.
STREET ADDRESS	275 STEELE RD., #8404
CITY- ST- ZIP	W. HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(9)(b), 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: Charles B. Ingersoll DATE Jan 17 '95 813-676-5857  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR