

**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 # **N43751** (9)

1. Corporation Name

**HIGHLAND PARK APARTMENT CLUB, INC.**



Principal Place of Business

Mailing Address

1850 S. HIGHLAND PARK DR.  
LAKE WALES FL 33853

1650 S. HIGHLAND PARK DR.  
LAKE WALES FL 33853

1721

3. Date Incorporated or Qualified  
**06/07/1991**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1721 S Highland Park Dr.**

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

**Lake Wales FL**

27 City & State

28

24 Zip

**33853**

25 Country

**Polk**

29 Zip

30 Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

**\$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

10. Name and Address of New Registered Agent

**INGERSOLL, CHARLES B  
1650 S. HIGHLAND PARK DR.  
LAKE WALES FL 33853**

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 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

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  DELETE

11 TITLE  Change  Addition

NAME **INGERSOLL, CHARLES B.**  
STREET ADDRESS **1650 S HIGHLAND PARK DR**  
CITY-ST-ZIP **LAKE WALES FL 33853**

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  DELETE

21 TITLE  Change  Addition

NAME **HUSTON, ROBERT K.**  
STREET ADDRESS **507-22 CONCORD DOWNS LN.**  
CITY-ST-ZIP **AURORA OH 44202**

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  DELETE

31 TITLE  Change  Addition

NAME **WILSON, ROBERT H.**  
STREET ADDRESS **CROSSLANDS 230**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  DELETE

41 TITLE  Change  Addition

NAME **JACKSON, MARY KAY**  
STREET ADDRESS **5023 FREW AVE. LANE**  
CITY-ST-ZIP **PITTSBURGH PA 15213**

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE

51 TITLE  Change  Addition

NAME **HENRY, DANNE R**  
STREET ADDRESS **86 WAITES LANDING**  
CITY-ST-ZIP **FALMOUTH FORESIDE ME 04105**

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

**D HENRY, DAVID D  
86 WAITES LANDING  
FALMOUTH FORESIDE ME 04105**

TITLE  DELETE

61 TITLE  Change  Addition

NAME **DEVLIN, JAMES J.**  
STREET ADDRESS **275 STEELE RD., #B404**  
CITY-ST-ZIP **W. HARTFORD CT**

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**D DEVLIN, JAMES S.  
1 SOUTH ROAD  
EAST HARTLAND CT**

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 also 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles B. Ingersoll*

1/18/96

(941) 676-5857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)