

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|---|---|
| Principal Place of Business 1701-1715 SO HIGHLAND PK DR APT 1701 LAKE WALES FL 33853 | Mailing Address 1701-1715 SO HIGHLAND PK DR APT 1701 LAKE WALES FL 33853 |
|---|---|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 06/07/1991 | |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

SEHI, EARL
1337 NO 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 | 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | INGERSOLL, CHARLES B. | 1.2 NAME | FISH, JON |
| STREET ADDRESS | 1650 S HIGHLAND PARK DR | 1.3 STREET ADDRESS | 98 GARFIELD RD |
| CITY-ST-ZIP | LAKE WALES FL 33853 | 1.4 CITY-ST-ZIP | WEST HARTFORD CT 06107 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUSTON, ROBERT K. | 2.2 NAME | FERRICK, GEORGE |
| STREET ADDRESS | 507-22 CONCORD DOWNS LN. | 2.3 STREET ADDRESS | 344 GETZVILLE RD |
| CITY-ST-ZIP | AURORA OH 44202 | 2.4 CITY-ST-ZIP | SNYDER NY 14226 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZACHARIAS, MURIAL | 3.2 NAME | INGERSOLL, CHARLES B. |
| STREET ADDRESS | 51 N MAIN ST | 3.3 STREET ADDRESS | 1701 S HIGHLAND PARK DR |
| CITY-ST-ZIP | ESSEX CT 06426 | 3.4 CITY-ST-ZIP | LAKE WALES, FL 33853 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVLIN, JUDITH F. | 4.2 NAME | |
| STREET ADDRESS | 1 SOUTH RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | E. HARTLAND CT 06027 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENRY, ANN R | 5.2 NAME | |
| STREET ADDRESS | 86 WAITES LANDING | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FALMOUTH FORESIDE ME 04105 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVLIN, JAMES S | 6.2 NAME | |
| STREET ADDRESS | 1 SOUTH ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | EAST HARTLAND CT | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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 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: _____ **DATE:** **1/11/98** **PHONE:** **(941) 676-5857**

CR2E037 (10/97)