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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43751

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/07/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 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 FL
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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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISH, JOHN	1.2 NAME	ZACHARIAS, MURIEL
STREET ADDRESS	98 GARFIELD RD	1.3 STREET ADDRESS	1400 WAVERLY RD, VILLA 39
CITY-ST-ZIP	WEST HARTFORD CT 06107	1.4 CITY-ST-ZIP	GLADWYNE PA 19035
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTON, ROBERT K.	2.2 NAME	DEMPSEY, NORMA W
STREET ADDRESS	507-22 CONCORD DOWNS LN.	2.3 STREET ADDRESS	414 PRINCE ST
CITY-ST-ZIP	AURORA OH 44202	2.4 CITY-ST-ZIP	ALEXANDRIA VA 22314
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGERSOLL, CHARLES B	3.2 NAME	FERRICK, GEORGE
STREET ADDRESS	1701 S HIGHLAND PARK DR	3.3 STREET ADDRESS	344 GETZVILLE RD
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	SNYDER NY 14226
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVLIN, JUDITH F.	4.2 NAME	INGERSOLL, CHARLES B
STREET ADDRESS	1 SOUTH RD	4.3 STREET ADDRESS	196 CROSSLANDS DR
CITY-ST-ZIP	E. HARTLAND CT 06027	4.4 CITY-ST-ZIP	KENNETT SQUARE PA 19348
TITLE	D <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	DP <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, with all other like empowered.

SIGNATURE: Charles B Ingersoll 1/6/99 (610) 388-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)