


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N43751
 1. Entity Name
HIGHLAND PARK APARTMENT CLUB, INC.



Principal Place of Business Mailing Address
1701 S HIGHLAND PARK DR **1701 S HIGHLAND PARK DR**
LAKE WALES, FL 33898 US **LAKE WALES, FL 33898 US**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KLEBE, ROBERT O
1701 S HIGHLAND PARK DR
LAKE WALES, FL 33898

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000920811
 05/14/08-80060-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEBE, ROBERT O 1701 S HIGHLAND PARK DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVLIN, JAMES S 1703 S HIGHLAND PARK DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHREY, ROBERT E 1707 S HIGHLAND PK DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINRUCK, NORMAN 1713 S HIGHLAND PK DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YENTZ, KARL 1715 S HIGHLAND PK DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, SANDRA L 1707 S HIGHLAND PK DR LAKE WALES, FL 33898

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert O. Klebe Robert O. Klebe 4/18/08 636 394-5087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #