

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005771 (1)

1. Corporation Name

HIWAY PARK COMMUNITY ASSOCIATION, INC.



Principal Place of Business	Mailing Address
COMMUNITY BLDG. 118 JOSEPHINE AVE. LAKE PLACID FL	COMMUNITY BLDG. 118 JOSEPHINE AVE. LAKE PLACID FL

3. Date Incorporated or Qualified 12/27/1993	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address
21 Community Bldg Suite, Apt., etc. 22 118 Josephine Ave City & State 23 Lk. Placid FL Zip 24 33852	26 118 Josephine Ave Suite, Apt., etc. 27 City & State 28 Lake Placid FL Zip 29 33852
Country 25 USA	Country 30 USA

4. FEI Number 59-3222599	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, SHIRLEY
COMMUNITY BLDG.
118 JOSEPHINE AVE.
LAKE PLACID FL**

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

Shirley Wilson

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, ESTELLA	
STREET ADDRESS	110 CARVER ST.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMALL, VIOLET	
STREET ADDRESS	142 ANDERSON ST.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, ANGELA	
STREET ADDRESS	104 BETHUNE ST.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMINNS, NORMAN	
STREET ADDRESS	157 ZION STREET	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGAHEE, SELVIN	
STREET ADDRESS	1719 QUEEN AVENUE	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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:

Estella Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Estella Walker

6/3/96 941 465-5765

Date: Daytime Phone:

CR2E037 (12/95)