

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005771

1. Entity Name

HIWAY PARK COMMUNITY ASSOCIATION, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90052 046 ****61.25

Principal Place of Business

COMMUNITY BLDG.
118 JOSEPHINE AVE.
LAKE PLACID FL 33852
US

Mailing Address

118 JOSEPHINE AVENUE
118 JOSEPHINE AVE.
LAKE PLACID FL 33852
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3222599

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WALKER, ESTELLA
STREET ADDRESS 110 CARVER ST.
CITY-ST-ZIP LAKE PLACID FL

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Mario Wilson
CITY-ST-ZIP 135 Carver St.
LAKE PLACID FL 33852

TITLE D ☐ Delete
NAME SMALL, VIOLET
STREET ADDRESS 142 ANDERSON ST.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME EVANS, ANGELA
STREET ADDRESS 104 BETHUNE ST.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MCMINNS, NORMAN
STREET ADDRESS 157 ZION STREET
CITY-ST-ZIP LAKE PLACID FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCGAHEE, SELVIN
STREET ADDRESS 1719 QUEEN AVENUE
CITY-ST-ZIP SEBRING FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)