



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

06-22-2005 90079 023 \*\*\*\*61.25

<b>DOCUMENT # N94000003818</b>					
<b>1. Entity Name</b> HIGHLAND PARK MANOR COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2256 FRIEDLANDER RD. LAKE WALES, FL			<b>Mailing Address</b> P.O. BOX 1633 LAKE WALES, FL 33853		
<b>2. Principal Place of Business</b> 2226 Karen Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Wales, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3276637	
<b>Zip</b> 33898		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DELOACH, RICHARD L 2224 EVIE STREET LAKE WALES, FL 33853			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> <u>Roscoe Williams III</u> / MD 06/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> DELOACH, RICHARD LEE <b>STREET ADDRESS</b> P.O. BOX 1633 N/A <b>CITY-ST-ZIP</b> LAKE WALES, FL 33853	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> BARNES, DANNY L SR <b>STREET ADDRESS</b> P.O. BOX 1633 N/A <b>CITY-ST-ZIP</b> LAKE WALES, FL 33853	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> DELOACH, DIANE <b>STREET ADDRESS</b> 2224 EVIE STREET <b>CITY-ST-ZIP</b> LAKE-WALES, FL 33853	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MD <b>NAME</b> WILLIAMS, ROSCOE <b>STREET ADDRESS</b> P.O. BOX 1633 N/A <b>CITY-ST-ZIP</b> LAKE WALES, FL 33853	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> NELSON, SHIRLEY <b>STREET ADDRESS</b> P.O. BOX 1633 N/A <b>CITY-ST-ZIP</b> LAKE WALES, FL 33853	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MARSHALL, JAMES E JR <b>STREET ADDRESS</b> 2337 LISA STREET <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Roscoe Williams III</u> / MD 06/20/05 863-676-7207 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					