

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003818

FILED
Feb 20, 2007
Secretary of State

Entity Name: HIGHLAND PARK MANOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2226 KAREN STREET
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1633
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3276637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, DANNY L SR
2327 FRIEDLANDER ROAD
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNES, DANNY L SR
Address: P.O. BOX 1633 N/A
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: NEUMON, SUSAN R
Address: P.O. BOX 1633 N/A
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: DELOACH, DIANE
Address: 2224 EVIE STREET
City-St-Zip: LAKE WALES, FL 33898

Title: MD () Delete
Name: WILLIAMS, ROSCOE
Address: P.O. BOX 1633 N/A
City-St-Zip: LAKE WALES, FL 33898

Title: TD () Delete
Name: NELSON, SHIRLEY
Address: P.O. BOX 1633 N/A
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: MARSHALL, JAMES E JR
Address: 2337 LISA STREET
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: WILLIAMS, ROSCOE III
Address: 2400 LYDIA STREET
City-St-Zip: LAKE WALES, FL 33898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSCOE WILLIAMS III

MD

02/20/2007

Electronic Signature of Signing Officer or Director

Date