



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003818 1. Entity Name HIGHLAND PARK MANOR COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 2226 KAREN STREET LAKE WALES, FL 33898	Mailing Address P.O. BOX 1633 LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3276637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARNES, DANNY L SR 2327 FRIEDLANDER ROAD LAKE WALES, FL 33898	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, DANNY L SR P.O. BOX 1633 N/A LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEUMON, SUSAN R P.O. BOX 1633 N/A LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELOACH, DIANE 2224 EVIE STREET LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILLIAMS, ROSCOE III 2400 LYDIA STREET LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, SHIRLEY P.O. BOX 1633 N/A LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, JAMES E JR 2337 LISA STREET LAKE WALES, FL 33898

**DO NOT WRITE
IN THIS SPACE**

U00000917812
05/13/08-80057-004 61.25

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:  **April 20, 2008** **863-440-1967**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #