

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90003 021 ***550.00

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1. Entity Name
HIGHLAND OAKS MOBILE HOME PARK, INC.



Principal Place of Business
604 PACKARD COURT
SUITE A
SAFETY HARBOR, FL 34695

Mailing Address
604 PACKARD COURT
SUITE A
SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3156103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANSSEN, DUANE H
1626 38TH AVENUE NORTH
ST. PETERSBURG, FL 33713

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BAKER, GERALD P
604 PACKARD COURT SUITE A
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAKER, KATHRYN
131 MONTEZUMA STREET
LYONS, NY 14489

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PERRY, LAWRENCE
28 DEPEW AVENUE
LYONS, NY 14489

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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

Gerald P. Baker
Secretary

3-22-05

Date

(727) 546-8848

Daytime Phone #