

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G61103

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC0970872517**

**Entity Name:** HIGHLANDS MOBILE HOME PARK & SALES, INC.

**Current Principal Place of Business:**

17730 US HIGHWAY 27, LOT 6  
CLERMONT, FL 34711

**Current Mailing Address:**

2720 CABERNET LANE  
ANNAPOLIS, MD 21401

**FEI Number:** 59-2329687

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUIROGA, VICTORIA E  
155 PERUVIAN AVENUE  
PALM BEACH, FL 33480 US

*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

**Officer/Director Detail :**

Title	PRES	Title	VP
Name	MULLALY, LORRAINE Q	Name	MULLALY, LORRAINE Q
Address	2720 CABERNET LANE	Address	2720 CABERNET LANE
City-State-Zip:	ANNAPOLIS MD 21401	City-State-Zip:	ANNAPOLIS MD 21401
Title	SECT	Title	TRES
Name	MULLALY, LORRAINE Q	Name	MULLALY, LORRAINE Q
Address	2720 CABERNET LANE	Address	2720 CABERNET LANE
City-State-Zip:	ANNAPOLIS MD 21401	City-State-Zip:	ANNAPOLIS MD 21401

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE Q. MULLALY

**PRESIDENT**

**01/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date