

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770207 (9)
1. Corporation Name
HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
3491-11 THOMASVILLE ROAD SUITE 101 TALLAHASSEE FL 32308-2985

3. Date Incorporated or Qualified: 09/13/1983
3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-2567750
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

g. Name and Address of Current Registered Agent
WYTHES, JACK L
4943 ARDEN FOREST WY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANZ, KEN	1.2 NAME	
STREET ADDRESS	4884 SHELBOURNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIANG, JAMIE	2.2 NAME	MADelyn MONTJOY
STREET ADDRESS	4902 ARDEN FOREST WAY	2.3 STREET ADDRESS	4825 HIGHGROVE RD
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYTHES, JACK L	3.2 NAME	
STREET ADDRESS	4943 ARDEN FOREST WY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, DONALD	4.2 NAME	ELIZABETH R10
STREET ADDRESS	4980 GLEN CASTLE DRIVE	4.3 STREET ADDRESS	4859 HIGHGROVE RD
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DEBORAH	5.2 NAME	DEBORAH JONES
STREET ADDRESS	4911 ARDEN FOREST WAY	5.3 STREET ADDRESS	4727 HIGHGROVE RD
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	TALLAHASSEE 32308
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGER, CAMOLA	6.2 NAME	
STREET ADDRESS	4910 ARDEN FOREST WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack L Wythes JACK L. WYTHES 1/19/96 904 668 6580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

CR2E037 (12/95)