

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
3491-11 THOMASVILLE ROAD SUITE 101 TALLAHASSEE FL 32308-3459

3. Date Incorporated or Qualified 09/13/1983
3a. Date of Last Report 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2567750	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WYTHES, JACK L 4943 ARDEN FOREST WY TALLAHASSEE FL 32308		81 Name	Ken Kranz
		82 Street Address (P.O. Box Number is Not Acceptable)	4889 Shelbourne Drive
		83	
		84 City	TALLAHASSEE FL
		85 Zip Code	32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: *[Signature]* DATE: 5/21/97

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	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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTJOY, MADELYN	2.2 NAME	Robin Hamilton
STREET ADDRESS	4825 HIGHGROVE ROAD	2.3 STREET ADDRESS	Highgrove Rd
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYTHES, JACK L	3.2 NAME	Cam Fentrias
STREET ADDRESS	4943 ARDEN FOREST WY	3.3 STREET ADDRESS	4883 Highgrove Rd
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIO, ELIZABETH	4.2 NAME	
STREET ADDRESS	4859 HIGHGROVE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DEBORAH	5.2 NAME	Tom Mac Siponovich
STREET ADDRESS	4727 HIGHGROVE ROAD	5.3 STREET ADDRESS	1969 Chatsworth way
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGER, CAMULA	6.2 NAME	George Buchanan
STREET ADDRESS	4910 ARDEN FOREST WY	6.3 STREET ADDRESS	4642 Highgrove Rd
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee FL 32308

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Elizabeth Rio* DATE: 5/20/97 (904)6689257

CR2E037 (9/96)