


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90015 022 \*\*\*\*61.25

0083612

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 770207**

1. Corporation Name  
**HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.**

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>09/13/1983</b>	4. FEI Number <b>59-2567750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRANZ, KEN 4884 SHELBOURNE DRIVE TALLAHASSEE FL 32308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRANZ, KEN	1.2 NAME	D Jones, Debi
STREET ADDRESS	SHELBOURNE DRIVE	1.3 STREET ADDRESS	4727 Highgrove RD
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD HAMILTON, ROBIN	2.2 NAME	D Scrawton, Paul
STREET ADDRESS	HIGHGROVE RD	2.3 STREET ADDRESS	4810 CANCASHURE LANE
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD FENTRISS, CAM	3.2 NAME	D Ortega, Jorge
STREET ADDRESS	4883 HIGHGROVE RD	3.3 STREET ADDRESS	4910 Arden Forest Way
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPD BARNES, SUSAN	4.2 NAME	D Schmidt, Casey
STREET ADDRESS	4884 SHELBOURNE DRIVE	4.3 STREET ADDRESS	1912 Chatsworth Way
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STIPANOVICH, MARY	5.2 NAME	Chatsworth
STREET ADDRESS	1969 CHATSWORTH WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VOGT, JOHN	6.2 NAME	
STREET ADDRESS	4794 HIGHGROVE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/99 850-894-3123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)