

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90004 004 ****61.25

DOCUMENT # 770207

1. Entity Name

HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|-----|---------|
| 2. Principal Place of Business SAM2 Suite, Apt. #, etc. PMB # 101 City & State | 3. Mailing Address SAM2 Suite, Apt. #, etc. PMB # 101 City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2567750 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KRANZ, KEN
4884 SHELBOURNE DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **SUSAN G. BARNES**
 Street Address (P.O. Box Number is Not Acceptable)
4884 Shelbourne Dr.
 City **Tallahassee** FL Zip Code **32308**

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.

SIGNATURE *Susan G. Barnes* **President** DATE **4-30-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| FILE NOW: FEF IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KRANZ, KEN | |
| STREET ADDRESS | SHELBOURNE DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HAMILTON, ROBIN | |
| STREET ADDRESS | HIGHGROVE RD | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | FENTRISS, CAM | |
| STREET ADDRESS | 4883 HIGHGROVE RD | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BARNES, SUSAN | |
| STREET ADDRESS | 4884 SHELBOURNE DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONAS, DEBI | |
| STREET ADDRESS | 4727 HIGHGROVE RD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCRANTON, PAUL | |
| STREET ADDRESS | 4810 LANCASHURE LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNES, SUSAN | |
| STREET ADDRESS | 4884 SHELBOURNE DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ORTEGA, JORGE | |
| STREET ADDRESS | 4910 ARDEN FOREST WAY | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TUCKER, KEN | |
| STREET ADDRESS | 4595 HIGHGROVE RD | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHMIDT, CASEY | |
| STREET ADDRESS | 1912 CHATSWORTH WAY | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, 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: *Susan G. Barnes* **4-30-00** **487-7599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)