


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-08-2005 90185 016 ****61.25

DOCUMENT # N04000002664			
1. Entity Name HIGH GROVE OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1330 PALMETTO AVENUE WINTER PARK FL 32789		Mailing Address 1330 PALMETTO AVENUE WINTER PARK FL 32789	
2. Principal Place of Business 5401 S. Kirkman Rd		3. Mailing Address	
Suite, Apt. #, etc. 450		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32819	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GODWIN, LARRY 1330 PALMETTO AVENUE WINTER PARK FL 32789		4. FEI Number 55-0861690	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Community Management Professionals, Inc.	
		Street Address (P.O. Box Number is Not Acceptable) 5401 S. Kirkman Road	
		Suite 450	
		City Orlando	
		FL Zip Code 32819	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Larry Godwin</i> Signature, typed or printed name of registered agent and title if applicable		President 2/4/05 DATE	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GODWIN, LARRY 1330 PALMETTO AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GODWIN, ROBERT H 1330 PALMETTO AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MELOON, MELISSA 1330 PALMETTO AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Melissa Meloon</i>		1-31-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

66009008



1st MOORE CR2E037 (10/04)