

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

3491-11 THOMASVILLE ROAD
SUITE 101
TALLAHASSEE FL 32308-2985

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

WYTHES, JACK L
4943 ARDEN FOREST WY
TALLAHASSEE FL 32308

4. FEI Number

59-2567750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	KRANZ, KEN	4884 SHELBOURNE DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
D	LIANG, JAMIE	4902 ARDEN FOREST WAY	TALLAHASSEE FL	<input checked="" type="checkbox"/>
D	WYTHES, JACK L	4943 ARDEN FOREST WY	TALLAHASSEE FL	<input type="checkbox"/>
D	LEACH, DONALD	4980 GLEN CASTLE DRIVE	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
T	KELLY, DEBORAH	4911 ARDEN FOREST WAY	TALLAHASSEE FL	<input checked="" type="checkbox"/>
D	STRINGER, CAMOLA	4910 ARDEN FOREST WAY	TALLAHASSEE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
D	MADLYN MONTJOY	4825 HIGHGROVE RD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ELIZABETH RIO	4859 HIGHGROVE RD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DEBORAH JONES	4727 HIGHGROVE RD	TALLAHASSEE 32308	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 for or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK L. WYTHES

1/19/96

904 668 6580

Date

Daytime Phone #

CR2E037 (12/95)