FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

(9)

HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business		Malling Address				IODI BIBIL BIBI DIBI DIBI BIBI BI	
3491-11 THOMASVILLE ROAD SUITE 101 TALLAHASSEE FL 32308-2885		3491-11 THOMASVALE ROAD SUITE 101 TALLAHASSEE FL 32308-3459					
INLENIMOSEE	- VEOUV-2000	THEORINGOEL TE GEOGRA			3. Date Incorporated or Qualified 09/13/1983	3a. Date of Last R 01/31/199	
21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2567750	 	plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 /	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24	Country 25	Zip 29	Country 30			☐ Yes ☑ No	199.032,
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Ro	egistered Agent	
			81 1	Name	Ken Kronz		
WYTHES, JACK L			82 9	Street Addre	ass (P.Q. Box Number is Not Acceptal	ble)	
4943 ARDEN FOREST WY TALLAHASSEE FL 32308			83	470	7 Shelbourne Driv		
IAMAIA	/		84 (Dity		85 Zip (ode _
11 Pureuant	to the provisions of Sections 617.050	2 and 617 1509. Florida Statu	tee the shove n	IA!	LATIASSEC 5		3 0 g
office or r	egistered agent, or both, in the State	of Florida, Sugh change was	authorized by th	ne corporati	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	in an initial with, and seept the Site	ministr, Section 017.0003, P	iorioa statutes.		51	21/97	
	Signature, typed or printed name of registered age	nt and little if applicable (NO	TE: Registered Agent s	signature require	ed when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D POANT WEN	☐ DELETE	1.1 TITLE			L. I Change	Addition
NAME STREET ADDRESS	Kranz, Ken Shelbourne Drive		1.2 NAME	pocoo			
CITY - ST - ZIP	TALLAHASSEE FL	_	1.3 STREET ADI				
TITLE	D	DELETE	2.1 TITLE		5 . 11 7.1	Change	Addition
NAME	MONTJOY, MADELYN		2.2 NAME		Robin Hamilton Histograve Rd Tollahassee FL 3	<u> </u>	
STREET ADDRESS	4825 HIGHGROVE ROAD	_	2.3 STREET AD	DRESS	Histore has		
CITY+ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-	ZIP	Toll-hossee FL 3	2308	
TITLE	D	DELETE	3.1 TITLE	I		Change	Addition
NAME	WYTHES, JACK L		3.2 NAME	<	com tentrios		
STREET ADDRESS	4943 ARDEN FOREST WY		3.3 STREET ADI	1	4823 Hanshore Inc.	2225	
CHTY-ST-7/P TITLE	TALLAHASSEE FL D	DELETE	3.4. CITY-ST-2	ZIP	icilatossee PL	230F Change	Addition
NAME	RIO, ELIZABETH		4.2 NAME		•	East Citaligo	Addition
STREET ADDRESS	4859 HIGHGROVE ROAD		4.3 STREET ADI	DRESS			
CITY-ST-ZiP	TALLAHASSEE FL		4.4 CITY- ST-Z	NP			
TITLE	D	DELETE	5.1 TITLE	P	Tollohossee FL 3 Jeone Buchanan 4642 Highgrove Re	ch Change	Addition
NAME	JONES, DEBORAH		5.2 NAME	'	1949 Chaterath Wi	~	-
STREET ADDRESS	4727 HIGHGROVE ROAD		5.3 STREET ACH	DRESS	Tall / C. 2	2-301	
CITY-ST-ZIF	TALLAHASSEE FL	LA DELETE	5.4 CITY-ST-Z	IP	ioninverses LP ,	- w ,	14200
TITLE	D CAMULIA	∠ DELETE	6.1 TITLE	5	Done Buchanan	Change	☐ Addition
NAME STREET ADORESS	STRINGER, CAMULA 4910 ARDEN FOREST WY		6.2 NAME	norce	HAY Higherove R	人	
STREET ADURESS	TALLAHASSEE EL		6.3 STREET ADI	LUIF99	Table to a Fig. 3	1 3 n V	

14. I do 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.

SIGNATURE:

+ OBGENOCTH

97 (904)6689257

FILED

May 29 1997 8:00am

Secretary of State