

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770207

1. Entity Name

HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.

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

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

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2567750	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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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	President	4-30-00
<i>Susan G. Barnes</i>		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BARNES, SUSAN
STREET ADDRESS	4884 SHELBOURNE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPD ORTEGA, JORGE
STREET ADDRESS	4910 ARDEN FOREST WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TUCKER, KEN
STREET ADDRESS	4595 HIGHGROVE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D 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	

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:	<i>Susan G. Barnes</i>	4-30-00	487-7599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)