

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90149 006 \*\*\*\*61.25

**DOCUMENT # 770207**

1. Entity Name

**HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3491-11 THOMASVILLE ROAD  
 PMB 101  
 TALLAHASSEE FL 32308-2985**

**3491-11 THOMASVILLE ROAD  
 PMB 101  
 TALLAHASSEE FL 32308-2985**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2567750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRANZ, KENNETH D  
 4884 SHELBOURNE DRIVE  
 TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **KRANZ, KENNETH**  
 STREET ADDRESS **4884 SHELBOURNE DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition  
 NAME **PD Bunch, Dean**  
 STREET ADDRESS **4583 Highgrove Rd**  
 CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Delete  
 NAME **DVS BUNCH, DEAN**  
 STREET ADDRESS **4583 HIGHGROVE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☒ Addition  
 NAME **D Sonya Cleminger**  
 STREET ADDRESS **4922 Highgrove Rd**  
 CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Delete  
 NAME **D CONNIE, CLARKE**  
 STREET ADDRESS **4703 HIGHGROVE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☒ Addition  
 NAME **D Jack Nicholson**  
 STREET ADDRESS **4871 Highgrove Rd**  
 CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Delete  
 NAME **D DELEGAL, MARK**  
 STREET ADDRESS **4859 HIGHGROVE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☒ Addition  
 NAME **D Bob Strickland**  
 STREET ADDRESS **4607 Highgrove Rd**  
 CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☒ Delete  
 NAME **DP TUCKER, KEN**  
 STREET ADDRESS **4595 HIGHGROVE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D EDGE, KARL**  
 STREET ADDRESS **4994 GLEN CASTLE DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**4/30/02**

**850-224-9403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)