


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90041 050 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # 770207 1. Entity Name HIGHGROVE HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3491-11 THOMASVILLE ROAD PMB 101 TALLAHASSEE, FL 32309-3537 | | | Mailing Address 3491-11 THOMASVILLE ROAD PMB 101 TALLAHASSEE, FL 32309-3537 | | |
| 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 <input type="checkbox"/> 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 | | |
| DELEGAL, MARK 4859 HIGHGROVE RD TALLAHASSEE, FL 32309 | | | Name GRAVES, MARCY Street Address (P.O. Box Number is Not Acceptable) 1904 CHATSWORTH WAY City TALLAHASSEE FL Zip Code 32309 | | |
| 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>Marcy J. Graves</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE 3-28-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing 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 | PD GRAVES, MARCY 1904 CHATSWORTH WAY TALLAHASSEE, FL 32309 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DELEGAL, MARK 4583 HIGHGROVE RD TALLAHASSEE, FL 32309 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, HERB 1913 CHATSWORTH WAY TALLAHASSEE, FL 32309 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HENDERSON, BRANTLEY 4963 GLEN CASTLE DR. TALLAHASSEE, FL 32309 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CLENINGER, SONYA 4922 HIGHGROVE RD TALLAHASSEE, FL 32309 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNBAR, SUSAN 4811 HIGHGROVE RD. TALLAHASSEE, FL 32309 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCAULEY, MIKE 4936 HIGHGROVE RD. TALLAHASSEE, FL 32309 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEISON, TOM 4774 HIGHGROVE RD. TALLAHASSEE, FL 32309 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LOW, JENNY 4977 GLEN CASTLE DR. TALLAHASSEE, FL 32309 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIELOFF, HEIDI 4771 LANCASHURE LN. TALLAHASSEE, FL 32309 | | | | |
| 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>Marcy J. Graves</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 3-28-05 DAYTIME PHONE # 850-668-9535 | | |

ATTACHMENT # 770207

50032157 ☒ ADDITION

D

NICHOLSON, JACK
4871 HIGHGROVE RD.
TALLAHASSEE, FL 32309

☒ DELETE

D

COLLEDGE, SUZI
4546 HIGHGROVE RD.
TALLAHASSEE, FL 32309