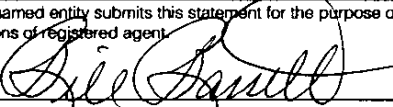
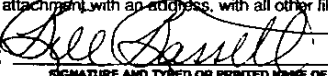


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 022 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40061879 	
City & State		City & State		4. FEI Number 59-2567750	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, BRAD 4751 HIGHGROVE RD. TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name BILL BASSETT Street Address (P.O. Box Number is Not Acceptable) 4491 GLEN CASTLE DR 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  BILL BASSETT, PRES 4-4-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 COLE, BRAD 4751 HIGHGROVE RD TALLAHASSEE, FL 32309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILL BASSETT 4491 GLEN CASTLE DR TALLAHASSEE, FL 32309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASSETT, BILL 4491 GLEN CASTLE DR. TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUZI COLLEDGE 4546 HIGHGROVE RD TALLAHASSEE, FL 32309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MIKE 4979 GLEN CASTLE DR. TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHLEEN BRENNAN 4778 LANCASHIRE LN TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCAULEY, MARGUERITE 4936 HIGHGROVE RD. TALLAHASSEE, FL 32309	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUE GRINER 2009 CHATSWORTH WAY TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGIER, SHARYN 4910 ARDEN FOREST TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN SANDERS 4679 HIGHGROVE RD TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLEDGE, SUZI 4546 HIGHGROVE RD TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCY GRAVES 1904 CHATSWORTH WAY TALLAHASSEE, FL 32309	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  BILL BASSETT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-4-08 850-668-6160 Date Daytime Phone #		