

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90213 039 ****61.25

DOCUMENT # 770207

1. Entity Name

HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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

32309-3437

Country

Zip

32309-3437

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

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

7. Name and Address of New Registered Agent

Name

MARK DELEGAL

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

4859 HIGHGROVE RD

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW: FEE IS \$61.25

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	T	<input checked="" type="checkbox"/> Delete
NAME	KRANZ, KENNETH	
STREET ADDRESS	4884 SHELBOURNE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUNCH, DEAN	
STREET ADDRESS	4583 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONNIE, CLARKE	
STREET ADDRESS	4703 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELEGAL, MARK	
STREET ADDRESS	4859 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLONINGER, SONYA	
STREET ADDRESS	4922 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, BOB	
STREET ADDRESS	4604 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32309	

TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVES, MARY	
STREET ADDRESS	1904 CHATSWORTH WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEGAL, MARK	
STREET ADDRESS	4859 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	VICE PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, BOB	
STREET ADDRESS	4604 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, JACK	
STREET ADDRESS	4971 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNBAR, SUSAN	
STREET ADDRESS	4911 HIGHGROVE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVALLARO, CAROL	
STREET ADDRESS	4988 GLEN CASTLE DR	
CITY-ST-ZIP	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:

SIGNATURE REQUIRED J. GRAVES

4-25-03

850-668-9535

CR2E037 (10/02)