

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770207

FILED
Jan 24, 2015
Secretary of State
CC8175144495

Entity Name: HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1400 VILLAGE SQUARE BLVD
SUITE 3-102
TALLAHASSEE, FL 32312-1250

Current Mailing Address:

1400 VILLAGE SQUARE BLVD
SUITE 3-102
TALLAHASSEE, FL 32312-1250

FEI Number: 59-2567750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAVES, MARCY J
1904 CHATSWORTH WAY
TALLAHASSEE, FL 32309 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GRAVES, MARCY J
Address 1904 CHATSWORTH WAY
City-State-Zip: TALLAHASSEE FL 32309

Title SD
Name SIELOFF, HEIDI
Address 4771 LANCASHURE LANE
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name CLOUSE, SHERYL
Address 4766 HIGHGROVE RD
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name CLARK, DONNA
Address 1913 CHATSWORTH WAY
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name DURRANCE, TIM
Address 4787 HIGHGROVE RD
City-State-Zip: TALLAHASSEE FL 32309

Title VD
Name FLACK, JIM
Address 1961 CHATSWORTH WAY
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name CLONINGER, SONYA
Address 4922 HIGHGROVE RD.
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name HENDERSON, AMY
Address 4963 GLEN CASTLE DRIVE
City-State-Zip: TALLAHASSEE FL 32309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY HENDERSONN

TREASURER

01/24/2015

Electronic Signature of Signing Officer/Director Detail

Date