

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770207

**FILED**  
**Mar 29, 2023**  
**Secretary of State**  
**1110103043CC**

**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:**

BYRNES, TIMOTHY  
4987 GLEN CASTLE DRIVE  
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:** TIMOTHY BYRNES

03/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CAMARDA, MARY ANNE  
Address 4921 HIGHGROVE ROAD  
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY  
Name COLLINS, RICHARD  
Address 4690 HIGHGROVE ROAD  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name SUMNER, DANIEL  
Address 4930 HIGHGROVE ROAD  
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR  
Name MASFERRER, MIGUEL  
Address 4947 GLEN CASTLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER  
Name CALABRO, DEBRA "DEBBIE"  
Address 4901 SHELBORNE DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT  
Name BYRNES, TIMOTHY  
Address 4987 GLEN CASTLE DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title BOOKKEPPING FIRM  
Name MCKEE, KAYLA  
Address 719 EAST PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name BASHAW, PATRICIA  
Address 4923 ARDEN FOREST WAY  
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:** KAYLA MCKEE

**BOOKKEEPING FIRM**

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date