

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770207

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC3157049376**

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

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

Title           SD  
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           D  
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

*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:** MARCY J. GRAVES

**PRESIDENT/TREASURRE**   **04/24/2013**  
**R**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date