

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770207

FILED
Mar 14, 2019
Secretary of State
8624058032CC

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:

MAFERRER, MIGUEL
4947 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: MIGUEL MASFERRER

03/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LONGORDO, JANICE
Address 4802 LANCASHURE LANE
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name ANWAY, MICHAEL
Address 1962 CHATSWORTH WAY
City-State-Zip: TALLAHASSEE FL 32309

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

Title DIRECTOR
Name COOGAN, JIM
Address 4618 HIGHGROVE
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name REDFIELD, HEATHER
Address 2001 CHATSWORTH WAY
City-State-Zip: TALLAHASSEE FL 32309

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

Title DIRECTOR
Name SNIDER, LU ANN
Address 2041 CHATSWORTH WAY
City-State-Zip: TALLAHASSEE FL 32309

Title BOOKKEPPING FIRM
Name MCKEE, KAYLA
Address 644 CAPITAL CIRCLE
City-State-Zip: TALLAHASSEE FL 32301

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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

03/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BASHAW, PATRICIA
Address 4923 ARDEN FOREST WAY
City-State-Zip: TALLAHASSEE FL 32309