

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770207

**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:**MASFERRER, 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

03/29/2021

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	MANER, JON
Address	4955 GLEN CASTLE DRIVE
City-State-Zip:	TALLAHASSEE FL 32309
Title	TREASURER
Name	CALABRO, DEBRA "DEBBIE"
Address	4901 SHELBOURNE DRIVE
City-State-Zip:	TALLAHASSEE FL 32309
Title	BOOKKEPPING FIRM
Name	MCKEE, KAYLA
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	ASKEW-ANDREWS, KRISTY
Address	4774 HIGHGROVE ROAD
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	CROOM, ANGELA
Address	4766 HIGHGROVE ROAD
City-State-Zip:	TALLAHASSEE FL 32309
Title	DIRECTOR
Name	BASHAW, PATRICIA
Address	4923 ARDEN FOREST WAY
City-State-Zip:	TALLAHASSEE FL 32309

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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

03/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WADE, KENNETH JAMES
Address	4558 HIGHGROVE ROAD
City-State-Zip:	TALLAHASSEE FL 32309