

2018 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:**BRODIE, JAMES
4911 ARDEN FOREST 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:** JAMES BRODIE

03/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KELLY, JOHN "JAY"
Address	4774 HIGHGROVE ROAD
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 SHELBOURNE 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	BOOKKEEPING FIRM
Name	RHINEHART, ROBERT
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Continues on page 2

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: ROBERT S RHINEHART

BOOKKEEPER FIRM

03/02/2018

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