

2022 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

03/14/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | MANER, JON |
| Address | 4955 GLEN CASTLE DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32309 |
| Title | D |
| Name | CAMARDA, MARY ANNE |
| Address | 4921 HIGHGROVE ROAD |
| City-State-Zip: | TALLAHASSEE FL 32309 |
| Title | TREASURER |
| Name | CALABRO, DEBRA "DEBBIE" |
| Address | 4901 SHELBOURNE DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32309 |
| Title | BOOKKEEPING FIRM |
| Name | MCKEE, KAYLA |
| Address | 719 EAST PARK AVE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | COLLINS, RICHARD |
| Address | 4690 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 | PRESIDENT |
| Name | BYRNES, TIMOTHY |
| Address | 4987 GLEN CASTLE DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32309 |
| 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

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date