### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 770207** 

Entity Name: HIGHGROVE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 12, 2020
Secretary of State
4331721611CC

## **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 03/12/2020

Titlo

CECDETADY

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

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Titlo

Name LONGORDO IANICE Name ASKEW ANDREWS KRIST	TILIC	VI	THIC	GEORETAIN
Name LONGONDO, JANICE Name ASKEW-ANDREWS, KKIST	Name	LONGORDO, JANICE	Name	ASKEW-ANDREWS, KRISTY

Address 4802 LANCASHURE LANE Address 4774 HIGHGROVE ROAD

City-State-Zip: TALLAHASSEE FL 32309 City-State-Zip: TALLAHASSEE FL 32309

Title D Title PRESIDENT

NameMANER, JONNameMASFERRER, MIGUELAddress4955 GLEN CASTLE DRIVEAddress4947 GLEN CASTLE DRIVECity-State-Zip:TALLAHASSEE FL 32309City-State-Zip:TALLAHASSEE FL 32309

Title TREASURER Title DIRECTOR

NameCALABRO, DEBRA "DEBBIE"NamePROCTOR, SARA NOELAddress4901 SHELBOURNE DRIVEAddress1984 CHATSWORTH WAYCity-State-Zip:TALLAHASSEE FL 32309City-State-Zip:TALLAHASSEE FL 32309

Title BOOKKEPPING FIRM Title DIRECTOR

Name MCKEE, KAYLA Name BASHAW, PATRICIA

Address 644 CAPITAL CIRCLE Address 4923 ARDEN FOREST WAY

City-State-Zip: TALLAHASSEE FL 32301 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 03/12/2020