SIGNATURE	RAFAEL MARTINEZ (								
	Electronic Signature of Registered Agent			Date					
Officer/Director Detail :									
Title	PRESIDENT	Title	DIRECTOR						
Name	WILLIAMS, ROBERT	Name	MUNOZ, JASON						
Address	673 HIGHLAND MEADOWS AVE	Address	416 HIGHLAND MEADOWS ST						
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVEPORT FL 33837						
Title	DIRECTOR	Title	SECRETARY						
Name	MARTINEZ, RAFAEL	Name	NICKS, JOHNNIE						
Address	344 HIGHLAND MEADOWS ST	Address	130 HIGHLAND MEADOWS PL						
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837						
Title	DIRECTOR	Title	VP						
Name	DEGAETANO, JOHN	Name	WENTZ, BRENDA						
Address	1131 HIGHLAND MEADOWS ST	Address	130 HIGHLAND MEADOWS STREET	г					
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837						
Title	DIRECTOR	Title	TREASURER						
Name	NAFERTI, DEGALE	Name	PAULA COLLINS, PAULA						
Address	104 HIGHLAND MEADOWS DR	Address	366 HIGHLAND MEADOWS AVE						
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837						
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### 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0600002387

Entity Name: HIGHLAND MEADOWS HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

344 HIGHLAND MEADOWS ST DAVENPORT, FL 33837

# **Current Mailing Address:**

PO BOX 749 DAVENPORT, FL 33836 US

# FEI Number: 20-5009358

#### Name and Address of Current Registered Agent:

MARTINEZ, RAFAEL 344 HIGHLAND MEADOWS ST DAVENPORT, FL 33837 US

Certificate of Status Desired: Yes

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.

# 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	RC	BB	ΞR	ΤV	VILL	.IAN	/IS					PRESIDE	NT	05/30/20	)19
				<u> </u>			<u>.</u>	0.11	( ) :	-					

Electronic Signature of Signing Officer/Director Detail

FILED May 30, 2019 Secretary of State 7631599869CC

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	OLIVER, HEADLY
Address	682 HIGHLAND MEADOWS AVE
City-State-Zip:	DAVENPORT FL 33837