SIGNATURE	RAFAEL MARTINEZ			05/05/2017
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	VP	
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	SECRETARY, TREASURER	Title	DIRECTOR	
Name	CHENOWITH, ERIC	Name	MARTINEZ, RAFAEL	
Address	213 HIGHLAND MEADOWS ST	Address	344 HIGHLAND MEADOWS ST	
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837	
Title	DIRECTOR			
Name	NICKS, JOHNNIE			
Address	130 HIGHLAND MEADOWS PL			
City-State-Zip:	DAVENPORT FL 33837			

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

### 2017 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** 

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.

Ρ

# SIGNATURE: ROBERT WILLIAMS

Electronic Signature of Signing Officer/Director Detail

## FILED May 05, 2017 Secretary of State CC2334982641

Certificate of Status Desired: No

05/05/2017 Date