

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002387

**Entity Name:** HIGHLAND MEADOWS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**601 GREENSHANK DR  
HAINES CITY, FL 33844**Current Mailing Address:**PO BOX 749  
DAVENPORT, FL 33836 US**FEI Number:** 20-5009358**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WENTZ, BRENDA  
601 GREENSHANK DR  
HAINES CITY, FL 33844 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:** BRENDA WENTZ

01/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           WILLIAMS, ROBERT  
Address        673 HIGHLAND MEADOWS AVE  
City-State-Zip: DAVENPORT FL 33837

Title            DIRECTOR  
Name           MUNOZ, JASON  
Address        416 HIGHLAND MEADOWS ST  
City-State-Zip: DAVEPORT FL 33837

Title            DIRECTOR  
Name           DEGAETANO, JOHN  
Address        1131 HIGHLAND MEADOWS ST  
City-State-Zip: DAVENPORT FL 33837

Title            VP  
Name           WENTZ, BRENDA  
Address        130 HIGHLAND MEADOWS STREET  
City-State-Zip: DAVENPORT FL 33837

Title            TREASURER, SECRETARY  
Name           SERRANO, VIVIANA  
Address        134 HIGHLAND MEADOWS DRIVE  
City-State-Zip: DAVENPORT FL 33837

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

Title            DIRECTOR  
Name           WENTZ, JAMES  
Address        130 HIGHLAND MEADOWS STREET  
City-State-Zip: DAVENPORT FL 33837

Title            DIRECTOR  
Name           GORMAN, DENNIS  
Address        326 HIGHLAND MEADOWS AVE  
City-State-Zip: DAVENPORT FL 33837

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*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 WILLIAMS

PRESIDENT

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	NICKS, JOHNNIE
Address	130 HIGHLAND MEADOWS PLACE
City-State-Zip:	DAVENPORT FL 33837