

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 22, 2005 08:00 AM

Secretary of State

DOCUMENT # N02000005924

1. Entity Name
**HIGHLAND GROVES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**1135 EAST AVE
CLERMONT, FL 34711**

Mailing Address

**1135 EAST AVE
CLERMONT, FL 34711**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0476197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LADD, DALE J
1135 EAST AVE
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LADD, DALE J
STREET ADDRESS 1135 EAST AVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME LADD, DARRYL A
STREET ADDRESS 1135 EAST AVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME LADD, NANCY
STREET ADDRESS 1135 EAST AVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000191367
01/24/05-80171-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/05 (352) 394-8686