
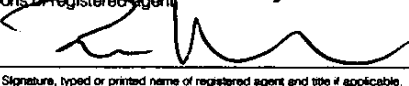
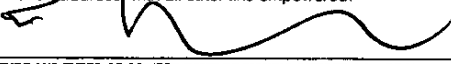


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90005 007 \*\*\*\*61.25

<b>DOCUMENT # N02000005924</b> 1. Entity Name <b>HIGHLAND GROVES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 10325 MASON LOOP CLERMONT, FL 34711			Mailing Address 10325 MASON LOOP CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # <b>10226 Mason Loop</b>		3. Mailing Address <b>P.O. Box 120640</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Clermont FL</b>		City & State <b>Clermont, FL</b>			
Zip <b>34711</b>		Country <b>USA</b>		Zip <b>34712</b>	
Country <b>USA</b>		4. FEI Number <b>03-0476197</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAJARDI, BERNARD</b> <b>10325 MASON LOOP</b> <b>CLERMONT, FL 34711</b>			7. Name and Address of New Registered Agent Name <b>Ben Kristensen</b> Street Address (P.O. Box Number is Not Acceptable) <b>10226 mason loop</b> City <b>Clermont</b> <b>FL</b> Zip Code <b>34711</b>		
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 		<b>Ben Kristensen</b>		<b>4/20/07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAJARDI, BERNARD 10325 MASON LOOP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ben Kristensen 10226 mason loop Clermont FL 34711
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, MTZIE 11508 WISHING WELL LN CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIEB, KENNETH 10232 DOVEHILL LN CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, LYDIA 10226 DOVE HILL LN CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLINGLUFF, TEENA 10220 MASON LOOP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		<b>4/20/07</b>		<b>352-227-4093</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Ben Kristensen</b>		Date		Daytime Phone #	