

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 046 ****61.25

DOCUMENT # N06000002039

1. Entity Name
**HIGHLAND GROVE ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**100 EAST LINTON BLVD
SUITE 205A
DELRAY BEACH, FL 33483**

Mailing Address
**100 EAST LINTON BLVD
SUITE 205A
DELRAY BEACH, FL 33483**

DI _____

40074541



2. Principal Place of Business - No P.O. Box #
**1200 S. Rogers Circle
Suite, Apt. #, etc. Ste #3**

3. Mailing Address
**1200 S. Rogers Circle
Suite, Apt. #, etc. Ste 3**

City & State
Boca Raton FL
Zip
33487

City & State
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Zip
33487

04142008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0994747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, JAMES M
100 EAST LINTON BLVD
SUITE 205A
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name **Karen Lippman**
Street Address (P.O. Box Number is Not Acceptable)
1200 S Rogers Circle Ste 3
City **Boca Raton** **FL** Zip Code **33487**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/15/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ANTELL, SUE**
STREET ADDRESS **1855 HIGHLAND GROVE DRIVE**
CITY-STATE-ZIP **DELRAY BEACH, FL 33445**

TITLE **T** ☒ Delete
NAME **SIMONE, MARIA**
STREET ADDRESS **1805 HIGHLAND GROVE DR**
CITY-STATE-ZIP **DELRAY BEACH, FL 33445**

TITLE **S** ☐ Delete
NAME **MILLMAN, JENNIFER**
STREET ADDRESS **1825 HIGHLAND GROVE DR**
CITY-STATE-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Lipin, Mary Jeanne Clark**
STREET ADDRESS **1840 Highland Grove Dr**
CITY-STATE-ZIP **De**

TITLE **T** ☐ Change ☒ Addition
NAME **Simone, Carol**
STREET ADDRESS **1805 Highland Grove Dr**
CITY-STATE-ZIP **Delray Beach FL 33445**

TITLE **P** ☒ Change ☐ Addition
NAME **Millman, Jennifer**
STREET ADDRESS **1825 Highland Grove Dr**
CITY-STATE-ZIP **Delray Beach FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/08