

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90369 025 ****61.25

DOCUMENT # N99000004118

1. Entity Name:
HIGHLAND GROVE ADDITION HOMEOWNERS ASSOCIATION,

Principal Place of Business 3002 CHARLIE TAYLOR RD PLANT CITY FL 33565	Mailing Address 3002 CHARLIE TAYLOR RD PLANT CITY FL 33565
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3657361	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FUTCH, ALVIN C 3002 CHARLIE TAYLOR RD PLANT CITY FL 33565		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete FUTCH, ALVIN C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, ALVIN C	NAME	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete FUTCH, MARY J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, MARY J	NAME	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete FUTCH, CARSON A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTCH, CARSON A	NAME	
STREET ADDRESS	3680 SWINDELL RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Alvin C Futch* **Alvin C Futch** *3-02-01 (813) 754-2118*
SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)