

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

DOCUMENT# N17000006018

**Entity Name:** HIGHLAND MEADOWS 6 HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**3189998179CC**

**Current Principal Place of Business:**

C/O PRIME COMMUNITY MANAGEMENT, LLC  
346 E. CENTRAL AVENUE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

C/O PRIME COMMUNITY MANAGEMENT, LLC  
346 E. CENTRAL AVENUE  
WINTER HAVEN, FL 33880 US

**FEI Number:** 82-4779969

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRIME COMMUNITY MANAGEMENT, LLC  
346 E CENTRAL AVE  
WINTER HAVEN, FL 33880 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VD
Name	GALLIFREY, PAUL R	Name	BERDEGUEZ, YOBOAN MANUEL
Address	443 EAGLECREST DRIVE	Address	427 EAGLECREST DRIVE
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	WINTER HAVEN FL 33844
Title	SECRETARY, TREASURER		
Name	ACEVEDO, JESSICA		
Address	488 EAGLECREST DR		
City-State-Zip:	HAINES CITY FL 33844		

*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:** PAUL R. GALLIFREY

**PRESIDENT**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date