

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90062 023 \*\*\*\*61.25

**DOCUMENT # 758687**

1. Entity Name  
**HOLLINGSWORTH CREEK ASSOCIATION, INC.**



Principal Place of Business  
**1645 HOLLINGSWORTH CREEK  
LAKELAND, FL 33803 US**

Mailing Address  
**1645 HOLLINGSWORTH CREEK  
LAKELAND, FL 33803 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2637649**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOULE, JOHN L.  
1605 HOLLINGSWORTH CREEK  
LAKELAND, FL 33803**

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. 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**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HARRELL, JACK R  
STREET ADDRESS 1645 HOLLINGSWORTH CREEK  
CITY-ST-ZIP LAKELAND, FL

TITLE VPD ☐ Delete  
NAME MURRAY, ALICE  
STREET ADDRESS 1626 HOLLINGSWORTH CREEK  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE S ☐ Delete  
NAME HARRELL, TINA W  
STREET ADDRESS 1645 HOLLINGSWORTH CREEK  
CITY-ST-ZIP LAKELAND, FL

TITLE T ☐ Delete  
NAME EDDINGS, GROVER D  
STREET ADDRESS 1615 HOLLINGSWORTH CREEK  
CITY-ST-ZIP LAKELAND, FL

TITLE D ☐ Delete  
NAME HOULE, JOHN L.  
STREET ADDRESS 1605 HOLLINGSWORTH CRK.  
CITY-ST-ZIP LAKELAND, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME **FERNANDO SORIA**  
STREET ADDRESS **1655 HOLLINGSWORTH CREEK**  
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE ☒ Change ☐ Addition  
NAME **MARY SORIA**  
STREET ADDRESS **1655 HOLLINGSWORTH CREEK**  
CITY-ST-ZIP **LAKELAND, FL 33803**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **JACK R. HARRELL, JR** 1/13/05 863-687-2774