



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

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					
DO NOT WRITE IN THIS SPACE		 01072006 No Chg-NP CR2E037 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2637649</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-2637649	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2637649	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent HOULE, JOHN L. 1605 HOLLINGSWORTH CREEK LAKELAND, FL 33803		DO NOT WRITE IN THIS SPACE					
<p>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.</p> <p>SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small></p>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HARRELL, JACK R 1645 HOLLINGSWORTH CREEK LAKELAND, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SORIA, FERNANDO 1655 HOLLINGSWORTH CREEK LAKELAND, FL 33803						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRELL, TINA W 1645 HOLLINGSWORTH CREEK LAKELAND, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SORIA, MARY 1655 HOLLINGSWORTH CREEK LAKELAND, FL 33803						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOULE, JOHN L. 1605 HOLLINGSWORTH CRK. LAKELAND, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
<div style="text-align: right; margin-right: 50px;">UN00000434705 02/25/06-80012-012 61.25</div> DO NOT WRITE IN THIS SPACE							
<p>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.</p>							
<p>SIGNATURE: <u>Mary Soria</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p> <p style="text-align: right;"><small>Date</small> _____ <small>Daytime Phone #</small> _____</p>							