

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758687

FILED  
Mar 02, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1645 HOLLINGSWORTH CREEK  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1645 HOLLINGSWORTH CREEK  
LAKELAND, FL 33803 US

**New Mailing Address:**

**FEI Number:** 59-2637649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRELL, JACK R  
Address: 1645 HOLLINGSWORTH CREEK  
City-St-Zip: LAKELAND, FL

Title: VPD ( ) Delete  
Name: SORIA, FERNANDO  
Address: 1655 HOLLINGSWORTH CREEK  
City-St-Zip: LAKELAND, FL 33803

Title: S ( ) Delete  
Name: HARRELL, TINA W  
Address: 1645 HOLLINGSWORTH CREEK  
City-St-Zip: LAKELAND, FL

Title: T ( ) Delete  
Name: SORIA, MARY  
Address: 1655 HOLLINGSWORTH CREEK  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: HOULE, JOHN L.,  
Address: 1605 HOLLINGSWORTH CRK.  
City-St-Zip: LAKELAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK R HARRELL

PD

03/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date