


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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004758
1. Entity Name
HIGHLAND CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3002 CHARLIE TAYLOR RD 3002 CHARLIE TAYLOR RD
PLANT CITY, FL 33565 PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 56-2448668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUTCH, ALVIN C
3002 CHARLIE TAYLOR RD
PLANT CITY, FL 33565

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FUTCH, ALVIN C 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUTCH, CARSON A 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUTCH, MARY JO 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Alvin C. Futch ALVIN C. FUTCH, PTD 4-11-06 813 254-2118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #