



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004758 1. Entity Name HIGHLAND CREEK HOMEOWNERS ASSOCIATION, INC.						FILED 07 SEP 17 PM 3: 03 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565			Mailing Address 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number 56-2448668				Applied For Not Applicable	
Zip		Country		Zip		Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08232007 Chg-NP CR2E037 (12/06)					
6. Name and Address of Current Registered Agent FUTCH, ALVIN C 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565				7. Name and Address of New Registered Agent Name <u>Herrington, Jennifer</u> Street Address (P.O. Box Number is Not Acceptable) <u>4517 Highland Creek Dr.</u> City <u>Plant City</u> <u>FL</u> Zip Code <u>33567-1803</u>					
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 <u><i>Alvin C Futch</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Jennifer L Herrington</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>9-11-07</u>					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FUTCH, ALVIN C 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. + Dir Osayawe, Sohn 4530 Highland Creek Dr. Plant City FL 33567-1803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUTCH, CARSON A 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Dir. Herrington, James 4517 Highland Creek Dr. Plant City FL 33567-1803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUTCH, MARY JO 3002 CHARLIE TAYLOR RD PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBC + Dir Flynn, Keith 4501 Highland Creek Dr. Plant City FL 33567-1803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Malin</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peacock, Sara 734 Cape Cod Circle Valrico FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Joyner, Greg 4526 Highland Creek Dr. Plant City FL 33567-1803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200109595572 09/18/07--01069--011 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>J. Osayawe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9/11/07</u>		Daytime Phone # <u>813 453 7753</u>				