

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004758

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** HIGHLAND CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3002 CHARLIE TAYLOR RD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

3002 CHARLIE TAYLOR RD  
PLANT CITY, FL 33565

**New Mailing Address:**

**FEI Number:** 75-3261501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERRINGTON, JENNIFER  
4517 HIGHLAND CREEK DR  
PLANT CITY, FL 335671803 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: OSAYAME, JOHN  
Address: 4530 HIGHLAND CREEK DR  
City-St-Zip: PLANT CITY, FL 335671803

Title: VD ( ) Delete  
Name: HERRINGTON, JAMES  
Address: 4517 HIGHLAND CREEK DR  
City-St-Zip: PLANT CITY, FL 335671803

Title: SD ( ) Delete  
Name: FLYNN, KEITH  
Address: 4501 HIGHLAND CREEK DR  
City-St-Zip: PLANT CITY, FL 335671803

Title: TD ( ) Delete  
Name: PEACOCK, SARA  
Address: 734 CAPE COD CIRCLE  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: JOYNER, GREG  
Address: 4526 HIGHLAND CREEK DR  
City-St-Zip: PLANT CITY, FL 335671803

**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 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: JOHN OSAYAWAWE

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date