

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90055 023 ****61.25

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1. Corporation Name

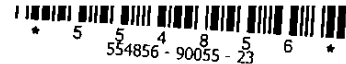
HEADWATER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3388 Whippoorwill Dr
Tallahassee, FL 32310

Mailing Address

3388 Whippoorwill Dr
Tallahassee, FL 32310



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/94

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3364368

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dennis Law
3388 Whippoorwill Dr
Tallahassee, FL 32310

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME Dennis Law
STREET ADDRESS 3388 Whippoorwill Dr
CITY-ST-ZIP Tallahassee, FL 32310

1.1 TITLE Officer ☐ Change ☐ Addition

1.2 NAME Mark Conley
1.3 STREET ADDRESS 17791 Larkin Ct. E.
1.4 CITY-ST-ZIP Tallahassee, FL 32310

TITLE Vice President ☐ DELETE

NAME Debbie Banfield
STREET ADDRESS 3476 Headwater Crk Dr.
CITY-ST-ZIP Tallahassee, FL 32310

2.1 TITLE Officer ☐ Change ☐ Addition

2.2 NAME Mark Law
2.3 STREET ADDRESS 3352 Whippoorwill Dr.
2.4 CITY-ST-ZIP Tallahassee, FL 32310

TITLE Treasurer ☐ DELETE

NAME Martha Cook
STREET ADDRESS 3003 Sharer Rd
CITY-ST-ZIP Tallahassee, FL 32312

3.1 TITLE Officer ☐ Change ☐ Addition

3.2 NAME Joey Timms
3.3 STREET ADDRESS 3476 Headwater Crk. Dr.
3.4 CITY-ST-ZIP Tallahassee, FL 32310

TITLE Secretary ☐ DELETE

NAME Marcia Meredith
STREET ADDRESS 17799 Larkin Ct. E. Lot 33
CITY-ST-ZIP Tallahassee, FL 32310

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Officers ☐ DELETE

NAME Scott Westbrook
STREET ADDRESS 3480 Headwater Crk. Dr.
CITY-ST-ZIP Tallahassee, FL 32310

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Officer ☐ DELETE

NAME Glen Crosby
STREET ADDRESS 3487 Headwater Crk. Dr.
CITY-ST-ZIP Tallahassee, FL 32310

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)