

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 043 ****70.00

DOCUMENT # N94000002963

1. Entity Name
HEADWATER CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**17795 LARKIN COURT EAST
TALLAHASSEE, FL 32310**

Mailing Address
**17795 LARKIN COURT EAST
TALLAHASSEE, FL 32310**

44006058



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3364368

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, LEO
17795 LARKIN COURT EAST
TALLAHASSEE, FL 32310**

Name

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

City

FL

Zip Code

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

Leo E. Jackson

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

(NOTE: Registered Agent signature required when reinstating)

1/28/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **D JACKSON, LEO**
STREET ADDRESS **17795 LARKIN COURT EAST**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☒ Addition
NAME **D Law Dennis**
STREET ADDRESS **17776 Larkin Cir East**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☐ Delete
NAME **D SMITH, LARRY**
STREET ADDRESS **17866 LARKIN COURT WEST**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☒ Addition
NAME **D Hughes, Doug.**
STREET ADDRESS **17862 Larkin Court West**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☒ Delete
NAME **D STEELE, BOBBY**
STREET ADDRESS **3468 HEADWATER CREEK**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☒ Change ☒ Addition
NAME **D Steele, Robert**
STREET ADDRESS **3468 Headwater Creek**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☐ Delete
NAME **S BROWN, BARBARA**
STREET ADDRESS **17858 LARKIN COURT WEST**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T MILLS, LISA**
STREET ADDRESS **17795 LARKIN COURT EAST**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **O REEVES, RANDALL**
STREET ADDRESS **17865 LARKIN COURT WEST**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Leo E. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/04 890-580-3305

Daytime Phone #