

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90039 021 \*\*\*\*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**

**40012330**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3364368**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Director**

**2/3/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **LAW, DENNIS**  
STREET ADDRESS **17776 LARKIN CT EAST**  
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☒ Addition  
NAME **Director Michele Westbrook**  
STREET ADDRESS **3480 Headwater Creek Drive**  
CITY-ST-ZIP **Tallahassee, FL 32310**

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

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

TITLE ☒ Change ☐ Addition  
NAME **Lisa M. Jackson**  
STREET ADDRESS **17795 Larkin Ct E**  
CITY-ST-ZIP **Tallahassee, FL 32310 - Married**

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** / **Leo Jackson** **2/3/05** **850-580-3305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #