


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

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
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02252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3364368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, LEO 17795 LARKIN COURT EAST TALLAHASSEE, FL 32310

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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>Leo Jackson</u>	<u>Leo Jackson</u>	<u>3/6/06</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1111111460741 03/20/06-80023-012 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LEO 17795 LARKIN COURT EAST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBROOK, MICHELE 3480 HEADWATER CREEK DRIVE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, ROBERT 3488 HEADWATER CREEK TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, BARBARA 17858 LARKIN COURT WEST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, LISA M 17795 LARKIN COURT EAST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, DENNIS 17776 LARKIN CT EAST TALLAHASSEE, FL 32310

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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>Leo Jackson</u>	<u>3/6/06 5803305</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	