

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 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**



02262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 Jackson*  
*Leo Jackson*

*2/26/07*

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000653164  
03/13/07-80009-011 61 25

**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

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Barbara Brown*  
*Barbara Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #