2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N94000002963

Entity Name: HEADWATER CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17795 LARKIN COURT EAST
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

17795 LARKIN COURT EAST
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-3364368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JACKSON, LEO	
Address:	17795 LARKIN COURT EAST	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	WESTBROOK, MICHELE	
Address:	3480 HEADWATER CREEK DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	STEELE, ROBERT	
Address:	3468 HEADWATER CREEK	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	S	( ) Delete
Name:	BROWN, BARBARA	
Address:	17858 LARKIN COURT WEST	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	T	( ) Delete
Name:	JACKSON, LISA M	
Address:	17795 LARKIN COURT EAST	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	LAW, DENNIS	
Address:	17776 LARKIN CT EAST	
City-St-Zip:	TALLAHASSEE, FL 32310	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	COX, E	
Address:	17866 LARKIN COURT WEST	
City-St-Zip:	TALLAHASSEE, FL 32310	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BROWN S 03/29/2009

Electronic Signature of Signing Officer or Director — Date