

SE66010 NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -1 PM 1:27

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DOCUMENT # N97000002653

1. Corporation Name

HENRY WILSON CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

6512 CAROLINE ST  
MILTON FL 32570

Mailing Address

6512 CAROLINE ST  
MILTON FL 32570



09-14-99 90001027 \$61.25

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/12/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-3604397  
APPLIED FOR

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTIS, BEN C  
6512 CAROLINE ST  
MILTON FL 32570

81 Name JON D. SCHLEIFER

82 Street Address (P.O. Box Number is Not Acceptable)  
6512 CAROLINE STREET

83 MILTON, FL. 32570

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	OTIS, BEN C	1.2 NAME	SCHLEIFER, JON D.
STREET ADDRESS	6512 CAROLINE ST	1.3 STREET ADDRESS	6512 CAROLINE STREET
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	MILTON, FL 32570
TITLE	D	2.1 TITLE	
NAME	HUGHES, KENNETH	2.2 NAME	
STREET ADDRESS	4704 HENRY WILSON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DOWNES, ROBERT	3.2 NAME	
STREET ADDRESS	4713 HENRY WILSON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON D. SCHLEIFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99

Date

(850) 623-2822

Daytime Phone #

CR2E037 (5/99)