

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000000117 (2)**

1. Corporation Name

**HARTSFIELD PLANTATION HOMEOWNERS ASSOCIATION, IN C.**



Principal Place of Business

Mailing Address

~~2966 SADDLE BROOKE DR~~  
TALLAHASSEE FL 32303  
US

~~2966 SADDLE BROOKE DR~~  
TALLAHASSEE FL 32303  
US

3. Date Incorporated or Qualified

01/08/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2065 Setting Sun TR

26 2065 Setting Sun TR

4. FEI Number

59-3176487

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tallahassee FL

28 Tallahassee FL

Zip

Country

Zip

Country

24 32303

25 US

29 32303

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADY, WILLIAM H. I  
2966 SADDLE BROOKE DR  
TALLAHASSEE FL 32303

81 Name

James McNaughton

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

2065 Setting Sun TR

83

84 City

Tallahassee

85 State

FL

86 Zip Code

32303

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, and I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James McNaughton

(NOTE: Registered Agent signature required when registering)

2/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DANNIE	
STREET ADDRESS	2948 SADDLE BROOKE CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROWE, LISA	
STREET ADDRESS	1973 SETTING SUN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRADY, WILLIAM H. I	
STREET ADDRESS	2966 SADDLE BROOKE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HADI, LESLIE & LUCY	
STREET ADDRESS	2926 SADDLE BROOKE CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HARRISON, TOM	
STREET ADDRESS	2002 SADDLE BROOKE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SULLIVAN, STEVE	
STREET ADDRESS	1987 SADDLE BROOKE DR	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frances @ Ingram	
1.3 STREET ADDRESS	2922 Saddlebrooke Dr	
1.4 CITY-ST-ZIP	Tallahassee FL 32303	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, Dannie	
2.3 STREET ADDRESS	2948 Saddlebrooke Ct	
2.4 CITY-ST-ZIP	Tallahassee FL 32303	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James McNaughton	
3.3 STREET ADDRESS	2065 Setting Sun TR	
3.4 CITY-ST-ZIP	Tallahassee FL 32303	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kate Brady	
4.3 STREET ADDRESS	2906 Saddlebrooke Dr	
4.4 CITY-ST-ZIP	Tallahassee FL 32303	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James McNaughton

Date

2/15/96

Daytime Phone #

514 1875

CR2E037 (12/95)