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Jan 21, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

01-21-1999 90001 008 *****61.25

DOCUMENT # N93000000117

1. Corporation Name

HARTSFIELD PLANTATION HOMEOWNERS ASSOCIATION, IN
C.

Principal Place of Business

2065 SETTING SUN TRAIL
TALLAHASSEE FL 32303
US

Mailing Address

2065 SETTING SUN TRAIL
TALLAHASSEE FL 32303
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/08/1993

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

9. Name and Address of Current Registered Agent

MCNAUGHTON, JAMES
2065 SETTING SUN TRAIL
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83

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)

1/4/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME INGRAM, FRANCES
STREET ADDRESS 2922 SADDLEBROOKE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD DELETE

NAME WILLIAMS, DANNIE
STREET ADDRESS 2948 SADDLEBROOKE COURT
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD DELETE

NAME MCNAUGHTON, JAMES
STREET ADDRESS 2065 SETTING SUN TRAIL
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD DELETE

NAME BRADY, KATE
STREET ADDRESS 2966 SADDLEBROOKE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE DC DELETE

NAME HARRISON, TOM
STREET ADDRESS 2002 SADDLE BROOKE DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE DC DELETE

NAME SULLIVAN, STEVE
STREET ADDRESS 1987 SADDLE BROOKE DR
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

942
2574
Daytime Phone #

CR2E037 (11/98)