

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90077 015 \*\*\*\*61.25

**DOCUMENT # N93000000117**

1. Entity Name

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

Principal Place of Business

Mailing Address

**2246 HICKORY TREE LANE  
 TALLAHASSEE FL 32303  
 US**

**2246 HICKORY TREE LANE  
 TALLAHASSEE FL 32303  
 US**

**H0044486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1979 Hickory Tree Ln.**  
 Suite, Apt. #, etc.

**1979 Hickory Tree Ln.**  
 Suite, Apt. #, etc.

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

4. FEI Number  
**59-3176487**

Applied For  
 Not Applicable

Zip  
**32303** Country  
**USA**

Zip  
**32303** Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNUDSON, ALAN P  
 2246 HICKORY TREE LANE  
 TALLAHASSEE FL 32303**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1979 HICKORY TREE LN.**  
 City **TALLAHASSEE FL** Zip Code **32303**

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.

SIGNATURE **ALAN P. KNUDSON, TREASURER 3/4/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ANDERSON, ROBERT 2395 HICKORY TREE LANE TALLAHASSEE FL 32303</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BURROUGHS, JAMES 2969 SADDLEBROOK DRIVE TALLAHASSEE FL 32303</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KNUDSON, ALAN 2246 HICKORY TREE LANE TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCGUIRE, WILLIAM 2945 SETTING SUN TR TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MICHAEL H. EDGAR 1991 HICKORY TREE LN. TALLAHASSEE, FL. 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT JOHN E. TERRELL 2000 HICKORY TREE LN. TALLAHASSEE, FL. 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **ALAN P. KNUDSON, 3/4/02 850/410-7247**

UBR001C

CR2E037 (9/01)