

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770850 (6)
1. Corporation Name
HARTSFIELD WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 38488 TALLAHASSEE FL 32315 **P. O. BOX 38488 TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified **10/19/1983** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-2877899** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

STILLEY, MARK
2316 VIA SARDINIA ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name **ESTHER COOKSEY**
82 Street Address (P.O. Box Number is Not Acceptable) **2710-B VIA MILANO AVE**
83
84 City **TALLAHASSEE** FL 85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Esther M. Cooksey* (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P **STILLEY, MARK** **2316 VIA SARDINIA ST.** **TALLAHASSEE FL 32303** ☒ DELETE
VD **LILLY, KEVIN** **2312-A BRY N MAHR AVE** **TALLAHASSEE FL 32303** ☒ DELETE
T **GRUSSING, TODD 2623** **2623 LEARY LANE** **TALLAHASSEE FL 32303** ☐ DELETE
S **ABLE, CARD** **2304 CUMBERLAND DR.** **TALLAHASSEE FL 32303** ☐ DELETE
D **WARNER, JACKIE** **2702-B VIA MILANO AVE** **TALLAHASSEE FL** ☒ DELETE
D **GILES, GLEN** **2323 CUMBERLAND DR.** **TALLAHASSEE FL 32303** ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☒ Addition **PRESIDENT & DIRECTOR**
1.2 NAME **ESTHER COOKSEY**
1.3 STREET ADDRESS **2710-B VIA MILANO AVE**
1.4 CITY-ST-ZIP **TALLAHASSEE FL 32303**
2.1 TITLE ☐ Change ☒ Addition **VICE PRESIDENT & DIRECTOR**
2.2 NAME **ROSALYN DECKERHOFF**
2.3 STREET ADDRESS **2727 VIA MILANO AVE**
2.4 CITY-ST-ZIP **TALLAHASSEE FL 32303**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☒ Change ☐ Addition **SECRETARY/TREASURER & DIRECTOR**
4.2 NAME **ABEL, CAROL**
4.3 STREET ADDRESS **2304 CUMBERLAND DR.**
4.4 CITY-ST-ZIP **TALLAHASSEE FL 32303**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **700001812657**
5.3 STREET ADDRESS **-05/08/96--01014--018**
5.4 CITY-ST-ZIP *****61.25**
6.1 TITLE ☐ Change ☐ 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: *Esther M. Cooksey* *Carol A. Abel* **7/20/96 644-7551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)