

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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 Zip Country 29 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
10/19/1983

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKERHOFF, ROSALYN  
2727 VIA MILANO AVE.  
TALLAHASSEE FL 32303

81 Name CATHY GRIDER  
82 Street Address (P.O. Box Number is Not Acceptable) 2308 CUMBERLAND DR  
83 TALLAHASSEE  
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 Catherine A. Grider  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 8/6/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TDS	ABEL, CAROL	2304 CUMBERLAND DR.	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>
DS	DECKERHOFF, ROSALYN	2727 VIA MILANO AVE.	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>
VPD	SWEAT, MARK	2711 VIA MILANO AVE.	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
CATHY GRIDER	CATHY GRIDER	2308 CUMBERLAND DR	TALLAHASSEE FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MARK INMAN, VICE PRES.	MARK INMAN, VICE PRES.	2314 VIA SARDINIA ST	TALLAHASSEE FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY/TREASURER	JOSE BOSCAN	2318 CUMBERLAND DR	TALLAHASSEE, FL 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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.

SIGNATURE Jose Boscan 8/6/98

CR2E037 (10/97)