

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770850

FILED
Apr 27, 2008
Secretary of State

Entity Name: HARTSFIELD WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

431 WAVERLY RD
TALLAHASSEE, FL 32312

New Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: 59-2877899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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:

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MEYER, TIM
Address: 2319-D VIA SARDINIA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ALCALA, DAVID
Address: 2726 LEARY LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: TABER, MARY
Address: 2315 CUMBERLAND DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: DP () Delete
Name: LEFSTEAD, TIM
Address: 2316 CUMBERLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BRANNING, RHIANNA
Address: 2706B VIA MILANO AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM LEFSTEAD

DP

04/27/2008

Electronic Signature of Signing Officer or Director

Date