

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000117

FILED
Apr 17, 2017
Secretary of State
CC7198705520

Entity Name: HARTSFIELD PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

POST OFFICE BOX 11143
TALLAHASSEE, FL 32302 US

FEI Number: 59-3176487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.
2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 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: JOANIE TROTMAN

04/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HUTCHISON, JOHN
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title VP
Name SULLIVAN, STEPHEN
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER
Name KNUDSON, ALAN
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY
Name MCGUIRE, BILL
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name NORTHRUP, HELENA
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name GRANGER, JOHN
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title PD
Name DIMITROFF, MICHAEL
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title D
Name CHARLTON, ANGEL
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JOANIE TROTMAN

CAM

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MANAGING AGENT
Name FLORIDA ASSOCIATION & PROPERTY
 MANAGEMENT, INC.
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302