### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000117

Entity Name: HARTSFIELD PLANTATION HOMEOWNERS ASSOCIATION,

INC.

FILED
Apr 09, 2021
Secretary of State
4241355939CC

#### **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 04/09/2021

Electronic Signature of Registered Agent Date

# Officer/Director Detail:

TitleDTitleVPNameHUTCHISON, JOHNNameSULLIVAN, STEPHENAddressPOST OFFICE BOX 11143AddressPOST OFFICE BOX 11143City-State-Zip:TALLAHASSEE FL 32302City-State-Zip:TALLAHASSEE FL 32302

Title SECRETARY Title DIRECTOR

Name MCGUIRE, BILL Name GRANGER, JOHN

Address POST OFFICE BOX 11143 Address POST OFFICE BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32302

Title PD Title MANAGING AGENT

Name DIMITROFF, MICHAEL Name FLORIDA ASSOCIATION & PROPERTY

MANAGEMENT, INC.

Address POST OFFICE BOX 11143 Address POST OFFICE BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32302

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

Electronic Signature of Signing Officer/Director Detail

04/09/2021

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