

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9300000117

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**4966485845CC**

**Entity Name:** HARTSFIELD PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1616 METROPOLITAN CIRCLE  
SUITE C  
TALLAHASSEE, FL 32308

**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.  
1616 METROPOLITAN CIRCLE  
SUITE C  
TALLAHASSEE, FL 32308 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

04/28/2023

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

Title DT  
Name ZHOU, CHUN  
Address POST OFFICE BOX 11143  
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

CAM

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date