2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770850

FILED Apr 29, 2007 Secretary of State

Entity Name: HARTSFIELD WOODS HOMEOWNERS ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: 431 WAVERLY RD TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 431 WAVERLY RD TALLAHASSEE, FL 32312 FEI Number: 59-2877899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISAACS, DAN L 431 WAVERLY RD TALLAHASSEE, FL 32312 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition LELJEDAL, GREG MEYER, TIM Name: Name: 2727 LEARY LANE Address: 2319-D VIA SARDINIA STREET Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change () Addition REILLY, JIM Name: ALCALA, DAVID Name: Address: 2660 HARTSFIELD RD Address: 2726 LEARY LANE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: DS () Delete Title: () Change () Addition TABER, MARY Name: Name: 2315 CUMBERLAND DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: (X) Change () Addition Title: DT () Delete Title: DP Name: LEFSTEAD, TIM Name: LEFSTEAD, TIM 2316 CUMBERLAND DRIVE 2316 CUMBERLAND DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change () Addition SEGUNDO, KEITH BRANNING, RHIANNA Name: Name: 2325 BRYNMAHR DR 2706B VIA MILANO AVENUE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

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 P 04/29/2007