

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770850

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**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  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

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: DT (X) Change ( ) Addition  
Name: FONTAINE, BILLY  
Address: 2324 VIA SARDINIA  
City-St-Zip: TALLAHASSEE, FL 32303

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: DVP (X) Change ( ) Addition  
Name: BRANNING, RHIANNA  
Address: 2706B VIA MILANO AVENUE  
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

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date