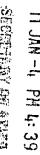
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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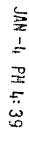
Office Use Only



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12/17/10--01021--013 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HARTSFIELD WOODS HOMEDWIFE ASSOCIATION Name of Corporation.
DOCUMENT NUMBER:
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
HARTSFIELD WOODS HOMEOWNER ASSOCIATION
Address
Tallahassee, FL 32315 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Silva at (S50, 264586)  Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2010

JJ SCOTT P.O. BOX 3401 TALLAHASSEE, FL 32315

SUBJECT: HARTSFIELD WOODS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 770850

We have received your document for HARTSFIELD WOODS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 910A00029364

RECEIVED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Rursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HARTSFIELD WOODS HOMEOWNER ASSOCIATION
2. The principal office address: 10130x 340 Tallahassee, 153315
2309 Brynmahr Dr Tallahassee IL 3303
3. The mailing address (if different):
4. Date of incorporation/qualification: Lohn 83 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Glenda Herrera
· · · · · · · · · · · · · · · · · · ·
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    JERRY A. Scott JR (PREDIDENT OF HOA)
2309 BRYNMAHR. DR. TALLAHASSEE, FL. 32303 P.O. BOX NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Michelle Silva  Signature of an officer or director  Michelle Silva  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 12/14/10 Date
If signing on behalf of an entity:
Typed or Brigged Name

\* \* \* FILING FEE: \$35.00 \* \* \*