

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006614

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** HAYS STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1983 CENTRE PT BLVD STE 200  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

4702 INISHEER CT.  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 13-4343173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUILDAY, THOMAS J  
1983 CENTRE PT BLVD STE 200  
TALLAHASSEE, FL 32308 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: PD ( ) Delete  
Name: WEBB, PHILIP N JR.  
Address: 4702 INISHEER CTLVD STE 200  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete  
Name: GUILDAY, THOMAS J  
Address: 1983 CENTRE POINTE BLVD STE 200  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD ( ) Delete  
Name: GUILDAY, THOMAS A  
Address: 3122 CAMILLIAWOOD CIR W  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHILIP WEBB

PD

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date