

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007106

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** HADLEY CROSSING HOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3653 CAGNEY DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

9745 FARAWAY FARMS RD  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

3653 CAGNEY DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

9745 FARAWAY FARMS RD  
TALLAHASSEE, FL 32317

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DAWS, SONYA K  
3116 CAPITAL CIRCLE NE STE 5  
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: DP  
Name: HOLLIFIELD, RIC  
Address: 3653 CAGNEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DV  
Name: HOLLIFIELD, JANICE  
Address: 3653 CAGNEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DT  
Name: HINTON, KATHERYN  
Address: 3653 CAGNEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS  
Name: HOLLIFIELD, JESSICA  
Address: 3653 CAGNEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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: RIC HOLLIFIELD

DP

03/15/2010

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

\_\_\_\_\_  
Date