


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90047 044 ****61.25

| | | | | | | |
|---|----------------------------------|---|---|--|---|--|
| DOCUMENT # N07000005421 | | | |  | | |
| 1. Entity Name HARTSFIELD GARDENS HOMEOWNERS ASSOCIATION INC. | | | | | | |
| Principal Place of Business 1184 CAPITAL CIRCLE NE SUITE E TALLAHASSEE, FL 32301 US | | | Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1607 Village Sq. BLVD Suite, Apt. #, etc. Suite 8 | | | | |
| Suite, Apt. #, etc. | | Suite 8 | | | | |
| City & State | | City & State TALLAHASSEE, FL | | 4. FEI Number 26-0265981 | | |
| Zip | | Country 32309 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent EDDY, MARIE 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 | | | 7. Name and Address of New Registered Agent Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable): 1607 Village Square BLVD, Suite 8 City: TALLAHASSEE FL Zip Code: 32309 | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE: <i>Marie Eddy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: 1/23/08 <small>(NOTE: Registered Agent signature required when re-registering)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE P | NAME MORRISON, STEVE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1184 CAPITAL CIRCLE NE, STE. E | | | NAME | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | | STREET ADDRESS | | |
| TITLE VP | NAME MORRISON, CHARLES | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1184 CAPITAL CIRCLE NE, STE. E | | | NAME | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | | STREET ADDRESS | | |
| TITLE S | NAME MORRISON, CHRISTA | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 1184 CAPITAL CIRCLE NE, STE. E | | | NAME | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 | | | STREET ADDRESS | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | |
| SIGNATURE: <i>Marie Eddy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE: 1/23/08 DAYTIME PHONE: 850-894-1919 | | |