2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005421

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: 1184 CAPITAL CIRCLE NE SUITE E SUITE B SUITE	Entity Name: HARTSFIELD GARDEN	S HOMEOWNERS ASSOCIATION	INC.
SUITE SUIT	Current Principal Place of Business:	New Prin	cipal Place of Business:
1607 VILLAGE SQ BLDV STE 8 TALLAHASSEE, FL 32309 US SUITE B TALLAHASSEE, FL 32301 US FEI Number: 26-0265981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDDY, MARIE 1607 VILLAGE SQ BLVD STE 8 17ALLAHASSEE, FL 32309 US 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: CHARLES MORRISON 1018	SUITE E	SUITE B	
SUITE B TALLAHASSEE, FL 32309 US SUITE B TALLAHASSEE, FL 32301 US FEI Number: 26-0265981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()) Name and Address of Current Registered Agent: DATE OF THE STALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US 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: CHARLES MORRISON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: P () Delete Name: MORRISON, STEVE Address: 1184 CAPITAL CIRCLE NE, STE. E City-St-Zip: TALLAHASSEE, FL 32301 US Title: VP () Delete Name: MORRISON, CHARLES Name: Address: 1184 CAPITAL CIRCLE NE, STE. E Title: Name: MORRISON, CHARLES Name: Address: 1184 CAPITAL CIRCLE NE, STE. E Title: Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Name: Address: 1184 CAPITAL CIRCLE NE, STE. E Address: 1184 CAPITAL CIRCLE NE, STE.	Current Mailing Address:	New Mail	ling Address:
Name and Address of Current Registered Agent: EDDY, MARIE 1607 VILLAGE SQ BLVD STE 8 17ALLAHASSEE, FL 32309 US 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: CHARLES MORRISON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: P () Delete Name: MORRISON, STEVE Name: MORRISON, STEVE Address: City-St-Zip: TALLAHASSEE, FL 32301 US Title: VP () Delete Name: MORRISON, CHARLES Name: Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Modress: 1184 CAPITAL CIRCLE NE, STE. E Address:		SUITE B	
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in the State of Florida. SIGNATURE: CHARLES MORRISON 04/29/2009 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: P () Delete Title: () Change () Addition Name: Address: 1184 CAPITAL CIRCLE NE, STE. E Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: Address: 1184 CAPITAL CIRCLE NE, STE. E Address: City-St-Zip: TALLAHASSEE, FL 32301 US CIT	1607 VILLAGE SQ BLVD STE 8	2820 INDU SUITE B	USTRIAL PLAZA DR
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P () Delete Name: MORRISON, STEVE Address: 1184 CAPITAL CIRCLE NE, STE. E City-St-Zip: TALLAHASSEE, FL 32301 US Title: VP () Delete Name: MORRISON, CHARLES Name: MORRISON, CHARLES Address: 1184 CAPITAL CIRCLE NE, STE. E City-St-Zip: TALLAHASSEE, FL 32301 US Title: S () Delete Title: City-St-Zip: Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: TALLAHASSEE, FL 32301 US Title: S () Delete Title: () Change () Addition Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Name: MORRISON, CHRISTA Address: 1184 CAPITAL CIRCLE NE, STE. E Address: 1184 CAPITAL CIRCLE NE, STE. E Address: Address:		tement for the purpose of changing	its registered office or registered agent, or both,
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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: CHARLES MORRISON VΡ 04/29/2009