2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36413

FILED Apr 20, 2009 Secretary of State

Entity Name: HARTSFIELD VILLAGE III HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2448 MARY ELLEN DR

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

P.O. BOX 37011

TALLAHASSEE, FL 323157011 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

LINDSEY, REGINA 2448 MARY ELLEN DR TALLAHASSEE, FL 32303 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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change() Addition

Name: ARMS, STERLING Name: LAFLEUR, TASHENA

 Address:
 2284 NANNAS LOOP
 Address:
 2289 NANNAS LOOP

 City-St-Zip:
 TALLAHASSEE, FL 32303 US
 City-St-Zip:
 TALLAHASSEE, FL 32303 US

Title: T () Delete Title: () Change () Addition

 Name:
 LINDSEY, REGINA
 Name:

 Address:
 2448 MARY ELLEN DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303 US
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 WAYMON, ROSETTA
 Name:
 WHITE, CALVENIA

 Address:
 2279 NANNAS LOOP
 Address:
 2373 FOSTER CT

City-St-Zip: TALLAHASSEE, FL 32303 US City-St-Zip: TALLAHASSEE, FL 32303 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 BARTON, ROB
 Name:
 BARTON, ROB

 Address:
 2264 HANNAS LOOP
 Address:
 34081 MALAGA DR

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 DANA POINT, CA 92624

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: REGINA LINDSEY T 04/20/2009