

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000795**

1. Entity Name  
**HARTSFIELD-COX CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1660 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**

Mailing Address  
**1660 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**



04052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3663157**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COX, J. ALAN  
1660 METROPOLITAN CIR.  
TALLAHASSEE, FL 32308-3731**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000105754  
04/07/04-80038-008 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
HARTSFIELD, JAMES D  
1656 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPSD  
COX, J ALAN  
1660 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HARTSFIELD, JOHN W  
1656 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** **(J. Alan Cox)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 5, 2004**  
Date

**(850) 298-4444**  
Daytime Phone #