

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 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**



01172005 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000232347
02/16/05-80069-012 30.63

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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**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

January 17, 2005

(850) 298-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #