

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000795

FILED
Jan 09, 2008
Secretary of State

Entity Name: HARTSFIELD-COX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1660 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

1660 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

1660 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

New Mailing Address:

1660 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 US

FEI Number: 59-3663157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, J. ALAN
1660 METROPOLITAN CIR.
TALLAHASSEE, FL 323083731 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTSFIELD, JAMES D
Address: 1656 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPSD () Delete
Name: COX, J ALAN
Address: 1660 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: HARTSFIELD, JOHN W
Address: 1656 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HARTSFIELD, JAMES D
Address: 1656 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VPSD (X) Change () Addition
Name: COX, J ALAN
Address: 1660 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T (X) Change () Addition
Name: HARTSFIELD, JOHN W
Address: 1656 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 US

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: J. ALAN COX

VPSD

01/09/2008

Electronic Signature of Signing Officer or Director

Date