

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18513 (4)
1. Corporation Name
'THE FARMS' HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: 13124 FILLY CT. WINDERMERE FL 34786
Mailing Address: 13124 FILLY CT. WINDERMERE FL 34786

3. Date Incorporated or Qualified: 12/30/1986
4. FEI Number: NOT APPLICABLE Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
~~LOPSCOMB, DERRELL
13124 FILLY CT.
WINDERMERE FL 34786~~

10. Name and Address of New Registered Agent
81 Name: Daniel A. Gracey
82 Street Address (P.O. Box Number is Not Acceptable): 4145 Equestrian Ln
83
84 City: Windermere FL 85 Zip Code: 34786

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 4/14/98

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: LIPSCOMB, DERRELL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 13124 FILLY CT.	CITY-ST-ZIP: WINDERMERE FL 34786	
TITLE: VD	NAME: LEBAR, DENISE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 13108 LAKE BUTLER BLVD.	CITY-ST-ZIP: WINDERMERE FL 34786	
TITLE: TD	NAME: TRADER, LYNDA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 4138 EAUSTRAN LANE	CITY-ST-ZIP: WINDERMERE FL 34786	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: DANIEL A. GRACEY	
1.3 STREET ADDRESS: 4145 EQUESTRIAN LN	
1.4 CITY-ST-ZIP: WINDERMERE FL 34786	
2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: MARY-LYN JENSEN	
2.3 STREET ADDRESS: 13108 LAKE BUTLER BLVD	
2.4 CITY-ST-ZIP: WINDERMERE, FL 34786	
3.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: LINDA MOORE	
3.3 STREET ADDRESS: 4270 MCKINNON RD	
3.4 CITY-ST-ZIP: WINDERMERE, FL 34786	
4.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: JOYCE CARELLI	
4.3 STREET ADDRESS: 4300 MCKINNON RD	
4.4 CITY-ST-ZIP: WINDERMERE, FL 34786	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: [Signature] JOYCE E. CARELLI; 3/1/98 407-656-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071306

CR2E037 (10/97)