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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90086 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18513

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
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2. Principal Place of Business 21 4145 EQUESTRIAN LN Suite, Apt. #, etc.	2a. Mailing Address 26 4145 EQUESTRIAN LN Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/30/1986
22 WINDERMERE, FL 34786 City & State	27 WINDERMERE, FL City & State	4. FEI Number NOT APPLICABLE
23 34786 USA Zip Country	28 34786 USA Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
30	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRACEY, DANIEL A
4145 EQUESTRIAN LN
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACEY, DANIEL A	1.2 NAME	
STREET ADDRESS	4145 EQUESTRIAN LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MARY LYNN	2.2 NAME	HALL, WAYNE
STREET ADDRESS	13100 LAKE BUTLER BLVD	2.3 STREET ADDRESS	4154 EQUESTRIAN LN
CITY-ST-ZIP	WINDERMERE FL 34786	2.4 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LINDA	3.2 NAME	ROBERTS, ALLYSON
STREET ADDRESS	4270 MCKINNON RD	3.3 STREET ADDRESS	13133 FILLY CT.
CITY-ST-ZIP	WINDERMERE FL 34786	3.4 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARELLI, JOYCE	4.2 NAME	JOHNSON, PENNY
STREET ADDRESS	4300 MCKINNON RD	4.3 STREET ADDRESS	4137 EQUESTRIAN LN
CITY-ST-ZIP	WINDERMERE FL 34786	4.4 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** **1-19-99** **407-905-0144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)