

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90018 002 ****61.25

DOCUMENT # N18513

1. Entity Name

"THE FARMS" HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4145 EQUESTRIAN LN
 WINDERMERE FL 34786**

**4145 EQUESTRIAN LN
 WINDERMERE FL 34786-7412**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRACEY, DANIEL A
 4145 EQUESTRIAN LN
 WINDERMERE FL 34786**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GRACEY, DANIEL A | |
| STREET ADDRESS | 4145 EQUESTRIAN LN | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HALL, WAYNE | |
| STREET ADDRESS | 4154 EQUISTRAN LN | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROBERTS, ALLYSON | |
| STREET ADDRESS | 13133 FILLY CT | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JOHNSON, PENNY | |
| STREET ADDRESS | 4137 EQUESTRAIN LN | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL A. GRACEY

2-7-00

(407)905 0144

Date

Daytime Phone #

CR2E037 (9/99)