

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2004
Secretary of State**

DOCUMENT# N18513

Entity Name: "THE FARMS" HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4145 EQUESTRIAN LN
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

4145 EQUESTRIAN LN
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3016941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACEY, DANIEL A
4145 EQUESTRIAN LN
WINDERMERE, FL 34786 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: P () Delete
Name: GRACEY, DANIEL A
Address: 4145 EQUESTRIAN LN
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: ROBERTS, ALLYSON
Address: 13133 FILLY CT
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: DELORENZO, LORA
Address: 4122 EQUESTRIAN LN
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: HALL, WAYNE
Address: 4134 EQUESTRIAN LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PRATT, DAVID
Address: 4137 EQUESTRIAN LANE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLYSON ROBERTS

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02/09/2004

Electronic Signature of Signing Officer or Director

Date