

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 27, 2007  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: HALL, ELOISE  
Address: 4154 EQUESTRIAN LN LANE  
City-St-Zip: WINDERMERE, FL 34786

Title: SD      ( ) Delete  
Name: PRATT, DAVID  
Address: 4138 EQUESTRIAN LN  
City-St-Zip: WINDERMERE, FL 34786

Title: VD      (X) Delete  
Name: HALL, WAYNE  
Address: 4154 EQUESTRIAN LANE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD      (X) Change ( ) Addition  
Name: HALL, WAYNE  
Address: 4154 EQUESTRIAN LANE  
City-St-Zip: WINDERMERE, FL 34786

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

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

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: DAVID PRATT

SD

06/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date