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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 726291 (8)

1. Corporation Name

FARM VIEW ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7107 CALICO CIR. TALLAHASSEE FL 32303	7107 CALICO CIR. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1973
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1728841 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 7083 CALICO CIRCLE	26 7083 CALICO CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 TALLAHASSEE, FL	28 TALLAHASSEE, FL
24 Zip 32303 25 Country USA	29 Zip 32303 30 Country USA

9. Name and Address of Current Registered Agent

BARRICK, DAVID A.
7107 CALICO CIR.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: C. CHARLES MAYNARD, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 7083 CALICO CIRCLE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles Maynard — CHARLES MAYNARD, SECRETARY/TREAS. — 1/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SKINNER, GLENN	1.2 NAME		
STREET ADDRESS	7133 BLUEBERRY HILL DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VP D	☑ Change ☐ Addition
NAME	BONE, JOANN	2.2 NAME	DEBORAH HULTS	
STREET ADDRESS	5052 VALLEY FARM ROAD	2.3 STREET ADDRESS	5093 RED FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	STD	3.1 TITLE	SEC./TREAS D	☑ Change ☐ Addition
NAME	BARRICK, DAVID	3.2 NAME	CHARLES MAYNARD	
STREET ADDRESS	7107 CALICO CIR.	3.3 STREET ADDRESS	7083 CALICO CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME	61.25 CAB 8-8	
STREET ADDRESS		6.3 STREET ADDRESS	#Deposited by Bank	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 hereinabove, or on an attachment with an address.

SIGNATURE: Charles Maynard — CHARLES MAYNARD — 1/19/95 — 904/562-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002175