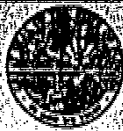


FILE NOW. FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILEDCORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS

95 FEB -8 PH 4:10

DOCUMENT # 726291 (8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA1. Corporation Name
FARM VIEW ESTATES ASSOCIATION, INC.

Principal Place of Business

7107 CALICO CIR.
TALLAHASSEE FL 32303

Mailing Address

7107 CALICO CIR.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/30/19733a. 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 Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7083 CALICO CIRCLE

2a. Mailing Address

26 7083 CALICO CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

Zip

24 32303

Country

25 USA

Zip

29 32303

Country

30 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/TASAS.

1/19/95

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

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SKINNER, GLENN	7133 BLUEBERRY HILL DR	TALLAHASSEE FL
VD	BONE, JOANN	5052 VALLEY FARM ROAD	TALLAHASSEE FL
STD	BARRICK, DAVID	7107 CALICO CIR.	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP	DEBORAH HULTS	5093 RED FOX AVENUE	TALLAHASSEE, FL 32303	☒	☐
SEC. / TASAS	CHARLES MAYNARD	7083 CALICO CIRCLE	TALLAHASSEE, FL	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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)(k), 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 in this report, or on an attachment with an address.

SIGNATURE:

Charles Maynard

CHARLES MAYNARD

1/19/95

704/562-0820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number