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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726291** (8)

1. Corporation Name

FARM VIEW ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7083 CALICO CIR.
TALLAHASSEE FL 32303**

**7083 CALICO CIR.
TALLAHASSEE FL 32303**



3. Date Incorporated or Qualified

04/30/1973

4. FEI Number

59-1728841

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7107 CALICO CIR
Suite, Apt. #, etc.

26 7107 CALICO CIR
Suite, Apt. #, etc.

22

27

23 TCH FL
City & State

28 TCH, FL
City & State

24 32303
Zip

29 32303
Zip

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MAYNARD, REBECCA B
7083 CALICO CIR.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name DAVID BARRICK
82 Street Address (P.O. Box Number is Not Acceptable)
7107 CALICO CIRCLE
83
84 City TALLAHASSEE FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David A. Barrick
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARRICK, DAVID	
STREET ADDRESS	7107 CALICO CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, DENISE	
STREET ADDRESS	5082 RED FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MAYNARD, REBECCA	
STREET ADDRESS	7083 CALICO CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA SMELTZER	
1.3 STREET ADDRESS	5036 VALLEY FARM RD.	
1.4 CITY-ST-ZIP	TALL. FL 32303	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATSY HAMMIT	
2.3 STREET ADDRESS	7082 CALICO CIR	
2.4 CITY-ST-ZIP	TALL. FL 32303	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID BARRICK	
3.3 STREET ADDRESS	7107 CALICO CIR	
3.4 CITY-ST-ZIP	TALL. FL 32303	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jamie Hoback	
4.3 STREET ADDRESS	5038 RED FOX RUN	
4.4 CITY-ST-ZIP	TALL. FL 32303	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address.

SIGNATURE:

David A. Barrick
Signature typed or printed name of officer or director

3/31/98

CR2E037 (10/97)