

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90012 030 \*\*\*\*61.25

**DOCUMENT # 726291**

1. Corporation Name

**FARM VIEW ESTATES ASSOCIATION, INC.**

Principal Place of Business

7107 CALICO CIR  
TALLAHASSEE FL 32303

US

Mailing Address

7107 CALICO CIR  
TALLAHASSEE FL 32303

US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/30/1973

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

9. Name and Address of Current Registered Agent

**BARRICK, DAVID**  
7107 CALICO CIR  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE  
NAME **BARRICK, DAVID**  
STREET ADDRESS **7107 CALICO CIR**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☐ DELETE  
NAME **SMELTZER, LINDA**  
STREET ADDRESS **5036 VALLEY FARM RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VD** ☐ DELETE  
NAME **HAMMIT, PATCY**  
STREET ADDRESS **7082 CALICO CIR**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **SD** ☐ DELETE  
NAME **HOBACK, JAMIE**  
STREET ADDRESS **5038 RED FOX RUN**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **PD**  
2.3 STREET ADDRESS **BARB BROWN**  
2.4 CITY-ST-ZIP **5037 RED FOX RUN**  
**TLH, FL 32303**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VD**  
3.3 STREET ADDRESS **DEBRA HULTS**  
3.4 CITY-ST-ZIP **5093 RED FOX RUN**  
**TLH, FL 32303**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **SD**  
4.3 STREET ADDRESS **LENITA JOE**  
4.4 CITY-ST-ZIP **5105 RED FOX RUN**  
**TLH, FL 32303**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

562-3666

Date

Daytime Phone #

CR2E037 (11/98)