

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

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90045 050 \*\*\*\*61.25

**DOCUMENT # 726291**

1. Entity Name  
**FARM VIEW ESTATES ASSOCIATION, INC.**



Principal Place of Business  
**5046 RED FOX RUN  
TALLAHASSEE, FL 32303 US**

Mailing Address  
**5046 RED FOX RUN  
TALLAHASSEE, FL 32303 US**

**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1728841**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROUSSEAU, BARBARA  
5046 RED FOX RUN  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HOPPE, PAUL  
7067 CALICO CIRCLE  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
ARMATROUT, KIRT  
5113 RED FOX RUN  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
JOE, LENITA  
5105 RED FOX RUN  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
ROUSSEAU, BARBARA  
5046 RED FOX RUN  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #