2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 726291

Entity Name: FARM VIEW ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

5046 RED FOX RUN
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

5046 RED FOX RUN
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-1728841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HOPPES, PAUL
Address: 7067 CALICO CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP ( ) Delete
Name: ARMATROUT, KIRT
Address: 5113 RED FOX RUN
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SD ( ) Delete
Name: JOE, LENITA
Address: 5105 RED FOX RUN
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT ( ) Delete
Name: ROUSSEAU, BARBARA
Address: 5046 RED FOX RUN
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ROUSSEAU DT 01/28/2009

Electronic Signature of Signing Officer or Director — Date