

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726291

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

**Current Principal Place of Business:**

5046 RED FOX RUN  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 180733  
TALLAHASSEE, FL 32318-0007 US

**FEI Number: 82-2373954**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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: BARBARA G. ROUSSEAU**

**02/28/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SADBERRY, R. DAN  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318

Title            VP  
Name            SHULTHEISS, JONATHAN  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318

Title            TREASURER  
Name            ROUSSEAU, BARBARA G  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318

Title            SECRETARY  
Name            SANDELL, KEITH  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

Title            MEMBER AT LARGE  
Name            BUTTERWORTH, CHRISTOPHER SR.  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

Title            MEMBER AT LARGE  
Name            MAXWELL, CHRISTOPHER  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

Title            MEMBER AT LARGE  
Name            JOE, LENITA  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

Title            MEMBER AT LARGE  
Name            NORTON, DAVID  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

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*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA G. ROUSSEAU**

**TREASURER**

**02/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER AT LARGE  
Name SAVAGE, MARK  
Address PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007