

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726291

**FILED**  
**Jan 29, 2022**  
**Secretary of State**  
**1664263565CC**

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

**Current Principal Place of Business:**

7040 BLUEBERRY HILL DR  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 180733  
TALLAHASSEE, FL 32318-0007 US

**FEI Number:** 82-2373954

**Certificate of Status Desired:** Yes

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

ROWAN, WILLIAM R  
7040 BLUEBERRY HILL DR  
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:** WILLIAM R ROWAN

01/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VALDIVIA, JOE  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

Title            VP  
Name            HARDING, DAVID J.  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

Title            TREASURER  
Name            ROWAN, WILLIAM R  
Address        PO BOX 180733  
City-State-Zip: TALLAHASSEE FL 32318-0007

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

Title            MEMBER AT LARGE  
Name            BROWN, GREG  
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            SAVAGE, MARK  
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

**Continues on page 2**

*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:** WILLIAM R ROWAN

**TREASURER**

01/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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