

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726291

Entity Name: FARM VIEW ESTATES ASSOCIATION, INC.**Current Principal Place of Business:**5018 VALLEY FARM RD
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:**ROBSON, TERESA
5018 VALLEY FARM RD
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: TERESA ROBSON****01/24/2024**

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

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

Title TREASURER
Name ROBSON, TERESA
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 NORTON, DAVID
Address PO BOX 180733
City-State-Zip: TALLAHASSEE FL 32318-0007

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: TERESA L. ROBSON**TREASURER****01/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date