## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 734397** 

Entity Name: MINI-FARMS PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Mar 06, 2020
Secretary of State
8485226526CC

## **Current Principal Place of Business:**

2541 N RESTON TERRACE HERNANDO. FL 34442

## **Current Mailing Address:**

2541 N RESTON TERRACE HERNANDO, FL 34442 US

FEI Number: 51-0189511 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VILLAGES SERVICES COOPERATIVE, INC. 2541 N RESTON TERRACE HERNANDO, FL 34442 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: GERALYN BOND 03/06/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENTTitleVP, TREASURERNamePAYNE, JONNameMCKEE, DANIEL JAddressP. O. BOX 1289AddressP. O. BOX 1289

City-State-Zip: CRYSTAL RIVER FL 34423 City-State-Zip: CRYSTAL RIVER FL 34423

TitleDIRECTORTitleSECRETARYNameKISNER, SHIRLEY TNameJONES, FINETTAddressP. O. BOX 1289AddressP. O. BOX 1289

City-State-Zip: CRYSTAL RIVER FL 34423 City-State-Zip: CRYSTAL RIVER FL 34423

Title ASST. SECRETARY Title DIRECTOR

Name WOODS-STEVENS, JODI Name TURNER, VICKI L
Address P. O. BOX 1289 Address P. O. BOX 1289

City-State-Zip: CRYSTAL RIVER FL 34423 City-State-Zip: CRYSTAL RIVER FL 34423

Title DIRECTOR

Name BACON, GEORGE

City-State-Zip: CRYSTAL RIVER FL 34423

Address

P. O. BOX 1289

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: JON PAYNE PRESIDENT 03/06/2020