

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18513

Entity Name: "THE FARMS" HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4145 EQUESTRIAN LN
WINDERMERE, FL 34786**Current Mailing Address:**1554 BOREN DRIVE
SUTIE 300
OCOEE, FL 34761 US**FEI Number:** 59-3016941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACHUGA, CAROL J
1554 BOREN DR
300
OCOEE, FL 34761 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	WEBB, JEROME WILLIAM
Address	4137 EQUESTRIAN LANE
City-State-Zip:	WINDERMERE FL 34786

Title	VP
Name	GRACEY, DANIEL
Address	4145 EQUESTRIAN LANE
City-State-Zip:	WINDERMERE FL 34786

Title	SD
Name	MACHUGA, CAROL J
Address	1554 BOREN DR SUITE 300
City-State-Zip:	OCOEE FL 34761

Title	DAL
Name	GREENBURG, MARK
Address	4138 EQUESTRIAN LANE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	WEBB, HEATHER IONA
Address	4137 EQUESTRIAN LANE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	LEWIS, SARAH J
Address	4122 EQUESTRIAN LANE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	MACHUGA, MARK T DR
Address	1554 BOREN DR SUITE 300
City-State-Zip:	OCOEE FL 34761

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: CAROL J MACHUGA

SD

01/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date