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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726291 (8)

1. Corporation Name

FARM VIEW ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7083 CALICO CIR.
TALLAHASSEE FL 32303

7083 CALICO CIR.
TALLAHASSEE FL 32303-8234

3. Date Incorporated or Qualified
04/30/1973

3a. Date of Last Report
08/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1728841

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYNARD, CHARLES C
7083 CALICO CIR.
TALLAHASSEE FL 32303

81 Name Rebecca B. Maynard

82 Street Address (P.O. Box Number is Not Acceptable)
7083 Calico Cir.

83

84 City Tallahassee FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rebecca B. Maynard

5/5/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BRAWNER, CHRISTY | |
| STREET ADDRESS | 7102 BLUEBERRY HILL DR | |
| CITY - ST - ZIP | TALLAHASSEE FL 32303-8234 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEE, DELMA | |
| STREET ADDRESS | 7084 BLUEBERRY HILL DR | |
| CITY - ST - ZIP | TALLAHASSEE FL 32303-8238 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | MAYNARD, CHARLES | |
| STREET ADDRESS | 7083 CALICO CIR. | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|-----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | David Barrick | |
| 1.3 STREET ADDRESS | 7107 Calico Cir | |
| 1.4 CITY - ST - ZIP | Tallahassee, FL 32303 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Denise Walden | |
| 2.3 STREET ADDRESS | 5082 Red Fox Run | |
| 2.4 CITY - ST - ZIP | Tallahassee, FL 32303 | |
| 3.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Rebecca Maynard | |
| 3.3 STREET ADDRESS | 7083 Calico Cir | |
| 3.4 CITY - ST - ZIP | Tallahassee, FL 32303 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing does not qualify for exemption indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rebecca B. Maynard

Rebecca B. Maynard 5/5/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone # 0007851

CR2E037 (9/96)