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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 726291 (8)
1. Corporation Name
FARM VIEW ESTATES ASSOCIATION, INC.



Principal Place of Business: 7083 CALICO CIR. TALLAHASSEE FL 32303
Mailing Address: 7083 CALICO CIR. TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 04/30/1973
4. FEI Number: 59-1728841
Applied For: Not Applicable

2. Principal Place of Business: 7107 CALICO CIR, Suite, Apt. #, etc.
2a. Mailing Address: 7107 CALICO CIR, Suite, Apt. #, etc.
23. City & State: TCH, FL
24. Zip: 32303

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MAYNARD, REBECCA B
7083 CALICO CIR.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name: DAVID BARRICK
82 Street Address (P.O. Box Number is Not Acceptable): 7107 CALICO CIRCLE
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: *David Barrick* DATE: 3/31/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BARRICK, DAVID | |
| STREET ADDRESS | 7107 CALICO CIR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | WALDEN, DENISE | |
| STREET ADDRESS | 5082 RED FOX RUN | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | MAYNARD, REBECCA | |
| 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LINDA SMELTZER | |
| 1.3 STREET ADDRESS | 5036 VALLEY FARM RD. | |
| 1.4 CITY-ST-ZIP | TALL. FL 32303 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PATSY HAMMIT | |
| 2.3 STREET ADDRESS | 7082 CALICO CIR | |
| 2.4 CITY-ST-ZIP | TALL. FL 32303 | |
| 3.1 TITLE | STD TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DAVID BARRICK | |
| 3.3 STREET ADDRESS | 7107 CALICO CIR | |
| 3.4 CITY-ST-ZIP | TALL. FL 32303 | |
| 4.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Jamie Hoback | |
| 4.3 STREET ADDRESS | 5038 RED FOX RUN | |
| 4.4 CITY-ST-ZIP | TALL. FL 32303 | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information 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: *David Barrick* DATE: 3/31/98

CR2E037 (10/97)