

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # 726291

1. Entity Name

FARM VIEW ESTATES ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-23-2000 90044 031 ****61.25

Principal Place of Business	Mailing Address
7107 CALICO CIR TALLAHASSEE FL 32303 US	7107 CALICO CIR TALLAHASSEE FL 32303-8235 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5052 Valley Farm Rd Suite, Apt. #, etc. TALLAHASSEE, FL City & State 32303 USA Zip Country	5052 Valley Farm Rd Suite, Apt. #, etc. TALLAHASSEE, FL City & State 32303 USA Zip Country

4. FEI Number	Applied For
59-1728841	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

~~BARRICK, DAVID~~
~~7107 CALICO CIR~~
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: **Jo Ann Bone**
Street Address (P.O. Box Number is Not Acceptable):
5052 Valley Farm Rd
City: **TALLAHASSEE** FL Zip Code: **32303**

8. 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: *X Jo Ann Bone* DATE: **4-17-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARRICK, DAVID	
STREET ADDRESS	7107 CALICO CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMELTZER, LINDA	
STREET ADDRESS	5037 RED FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LENITA, JOE	
STREET ADDRESS	5105 RED FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOBACK, JAMIE	
STREET ADDRESS	5038 RED FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	Debra HULTS	
CITY-ST-ZIP	5093 RED FOX RUN	
	TALLAHASSEE, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT	
STREET ADDRESS	KIRT ARMANTROUT	
CITY-ST-ZIP	5113 Red Fox Run	
	TLH, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	Mary Lewis	
CITY-ST-ZIP	7682 CALICO CIRCLE	
	TLH, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	Jo Ann Bone	
CITY-ST-ZIP	5052 Valley Farm Rd	
	TLH, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Jo Ann Bone* DATE: **4-17-00** DAYTIME PHONE #: **850-562-7168**

Signature and typed or printed name of signing officer or director

CP2E037 (9/99)