

2001 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # 726291

1. Entity Name
FARM VIEW ESTATES ASSOCIATION, INC.

Principal Place of Business

5052 VALLEY FARM RD
TALLAHASSEE FL 32303
US

Mailing Address

5052 VALLEY FARM RD
TALLAHASSEE FL 32303
US

2. Principal Place of Business

5042 Red Fox Run

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32303

Country
USA

City & State

Zip

Country

FILED
01 NOV 28 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-1728841** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONE, JO ANN
5052 VALLEY FARM RD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name **BARBARA ROUSSEAU**

Street Address (P.O. Box Number is Not Acceptable)

5042 Red Fox Run

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 *Barbara Rousseau*

3/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULTS, DEBRA 5093 RED FOX RUN TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMANTROUT, KIRT 5113 RED FOX RUN TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MARY 7082 CALICO CIR TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONE, JO ANNE 5052 VALLEY FARM RD TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Chris Butterworth 5044 Valley Farm Road Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President Barbara Rousseau Deborah Hults 5093 Red Fox Run Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004718934-5 -12/11/01--01070--001 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer Barbara Rousseau 5042 Red Fox Run Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Rousseau*

3/23/01

604-7112

CR2E037 (10/00)

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FARMVIEW HOMEOWNERS ASSOCIATION
5046 Red Fox Run
Tallahassee, FL 32303

October 16, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

On March 23, 2001 I sent the Farmview 2001 Uniform Business Report (UBR) to you with changes for the new registered agent. Evidently you never received it because the former agent just received a notice that said we never renewed it. I am enclosing a copy of that Report which I had filed (please excuse the ring binder holes and the "file copy" stamp). I am also enclosing a check for \$ 61.25 because it appears that I did not include one with the renewal. Hopefully this will satisfy the reinstatement requirements.

If there is a problem or you need to contact me please call me at 644-7112 (days) or email me at Babs832@aol.com. Thank you.

Sincerely,



Barbara Rousseau
Treasurer