


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 726291 1. Entity Name FARM VIEW ESTATES ASSOCIATION, INC. |  |
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| Principal Place of Business 5046 RED FOX RUN TALLAHASSEE, FL 32303 US | Mailing Address 5046 RED FOX RUN TALLAHASSEE, FL 32303 US |
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

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

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| 6. Name and Address of Current Registered Agent ROUSSEAU, BARBARA 5046 RED FOX RUN TALLAHASSEE, FL 32303 | DO NOT WRITE IN THIS SPACE |
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP HOPPE, PAUL 7067 CALICO CIRCLE TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP DAVIS, JERRY 7083 CALICO CIRCLE TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD JOE, LENITA 5105 RED FOX RUN TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT ROUSSEAU, BARBARA 5046 RED FOX RUN TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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000000059574
02/23/04-80004-025 61.25

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 2/17/04 (850) 644-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #