


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90030 034 ****61.25

DOCUMENT # 726291							
1. Entity Name FARM VIEW ESTATES ASSOCIATION, INC.							
Principal Place of Business 5046 RED FOX RUN TALLAHASSEE, FL 32303 US			Mailing Address 5046 RED FOX RUN TALLAHASSEE, FL 32303 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1728841			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROUSSEAU, BARBARA 5046 RED FOX RUN TALLAHASSEE, FL 32303			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10				
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HOPPE, PAUL	NAME					
STREET ADDRESS	7067 CALICO CIRCLE	STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP					
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DAVIS, JERRY	NAME	Kirt Armatrout				
STREET ADDRESS	7083 CALICO CIRCLE	STREET ADDRESS	5113 Red Fox Run				
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	Tallahassee, FL 32303				
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JOE, LENITA	NAME					
STREET ADDRESS	5105 RED FOX RUN	STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP					
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROUSSEAU, BARBARA	NAME					
STREET ADDRESS	5046 RED FOX RUN	STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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: <i>Barbara Rousseau</i>			3/8/05		644-7112		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		