

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726291

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: FARM VIEW ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

5046 RED FOX RUN  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

5046 RED FOX RUN  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

FEI Number: 59-1728841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROUSSEAU, BARBARA  
5046 RED FOX RUN  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HOPPES, PAUL  
Address: 7067 CALICO CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP ( ) Delete  
Name: ARMATROUT, KIRT  
Address: 5113 RED FOX RUN  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SD ( ) Delete  
Name: JOE, LENITA  
Address: 5105 RED FOX RUN  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT ( ) Delete  
Name: ROUSSEAU, BARBARA  
Address: 5046 RED FOX RUN  
City-St-Zip: TALLAHASSEE, FL 32303 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ROUSSEAU

DT

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date