

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000588

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: THE FARM HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

1815 MICCOUSUKEE COMMON DR  
STE 104  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

21 EQUINE DRIVE  
CRAWFORDVILLE, FL 32327 US

## Current Mailing Address:

PO BOX 14019  
TALLAHASSEE, FL 32317

## New Mailing Address:

PO BOX 758  
CRAWFORDVILLE, FL 32326

FEI Number: 51-0417501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAUGHTRY, TAMMY  
1815 MICCOSUKEE COMMON DR 104  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

DEVLIN, TIMOTHY J  
21 EQUINE DRIVE  
CRAWFORDVILLE, FL 32327 US

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: TIMOTHY J. DEVLIN

04/13/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NOBLIN, MILLARD  
Address: 3303 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: NOBLIN, BARBARA  
Address: 3303 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: REVELL, GUY  
Address: 3303 THOMASVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NESMITH, KIMBLIN  
Address: 24 FARRIER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change ( ) Addition  
Name: JACKSON, AUDREY  
Address: 51 CARRIAGE DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change ( ) Addition  
Name: DEVLIN, TIMOTHY J  
Address: 21 EQUINE DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Change (X) Addition  
Name: HARRISON, DAVID  
Address: 190 REVELL ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D ( ) Change (X) Addition  
Name: JOHNSON, DAWN  
Address: 103 FARRIER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J. DEVLIN

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date