

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012006

FILED
Jan 15, 2009
Secretary of State

Entity Name: FARAWAY FARM HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9706 FARAWAY FARM ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

PO BOX 15246
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-2691051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, JOHN F
9706 FARAWAY FARM ROAD
TALLAHASSEE, FL 32317 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: PD () Delete
Name: DURDEN, BRIAN
Address: 9302 FARAWAY FARM ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD () Delete
Name: HUOTT, LEO
Address: 24611 IVORY CANE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: MILLER, RICHARD
Address: 9754 FARAWAY FARM ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: HALL, JOHN F
Address: 9706 FARAWAY FARM ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: CAMPBELL, ROSE
Address: 9071 OAKFAIR DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: BROWN, CURTIS
Address: 1016 KINGDOM DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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
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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: JOHN F. HALL

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date