

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90061 045 \*\*\*\*61.25

**DOCUMENT # N09023**

1. Entity Name

**THE GREATER FARMS AT QUINCY PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**CHRIS SYKES  
929 QUAIL ROOST DRIVE  
QUINCY FL 32352  
US**

Mailing Address

**P.O. BOX 54  
QUINCY FL 32353  
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

**59-3023500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYKES, CHRIS  
927 QUAIL ROOST DRIVE  
QUINCY FL 32352**

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SYKES, CHRIS	
STREET ADDRESS	929 QUAIL ROOST DRIVE	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAINOUS, DEWAYNE	
STREET ADDRESS	40 RED BIRD ROAD	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKLEY, ROSA	
STREET ADDRESS	775 QUAIL ROOST ROAD	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALDWELL, DON	
STREET ADDRESS	831 QUAIL ROOST DRIVE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PROSKINE, BUENA	
STREET ADDRESS	277 LAKE LAURIE CIRCLE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COTTON, ERICK	
STREET ADDRESS	617 QUAIL ROOST DR	
CITY-ST-ZIP	QUINCY FL 32351	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnnie Walker	
STREET ADDRESS	160 Red Bird Road	
CITY-ST-ZIP	Quincy, FL 32352	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Thigpen	
STREET ADDRESS	288 Planters Circle	
CITY-ST-ZIP	Quincy, FL 32352	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickie Hendrix	
STREET ADDRESS	497 Quail Roost Drive	
CITY-ST-ZIP	Quincy, FL 32352	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #