## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18513

FILED Jul 29, 2008 Secretary of State

Entity Name: "THE FARMS" HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4145 EQUESTRIAN LN 4138 EQUESTRIAN LN WINDERMERE, FL 34786 WINDERMERE, FL 34786

Current Mailing Address: New Mailing Address:

4145 EQUESTRIAN LN 4138 EQUESTRIAN LN WINDERMERE, FL 34786 WINDERMERE, FL 34786

FEI Number: 59-3016941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GRACEY, DANIEL A PRATT, DAVID
4145 EQUESTRIAN LN
WINDERMERE, FL 34786 US WINDERMERE, FL 34786 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: DAVID PRATT 07/29/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address: 4145 EQUESTRIAN LN Address: 4154 EQUESTRIAN LN City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786

Title: TD ( ) Delete Title: VP (X) Change ( ) Addition

Name:HALL, WAYNEName:JOHNSON, BROOSEAddress:4154 EQUESTRIAN LANEAddress:4137 EQUESTRIAN LANECity-St-Zip:WINDERMERE, FL 34786City-St-Zip:WINDERMERE, FL 34786

Title: SD () Delete Title: () Change () Addition

 Name:
 PRATT, DAVID
 Name:

 Address:
 4138 EQUESTRIAN LN
 Address:

 City-St-Zip:
 WINDERMERE, FL 34786
 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: DAVID PRATT SD 07/29/2008