

FILE NOW: FILING FEE IS \$61.25

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2/15/97

FILED  
Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003578 (9)**

1. Corporation Name

**FARMS ROAD COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>1875 FARMS ROAD TALLAHASSEE FL 32311</b>	Mailing Address <b>1875 FARMS ROAD TALLAHASSEE FL 32311-0001</b>
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3. Date Incorporated or Qualified <b>07/08/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3388464</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THERIAQUE, DAVID A  
909 EAST PARK AVE  
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEVY, LOREN</b>		1.2 NAME	
STREET ADDRESS <b>2115 FARMS ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCOTT, JAN</b>		2.2 NAME	
STREET ADDRESS <b>1975 FARMS ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORSQREN, TED</b>		3.2 NAME	
STREET ADDRESS <b>1955 FARMS ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MULDER, GERALD</b>		4.2 NAME	
STREET ADDRESS <b>2040 FARMS ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REINHART, FRED</b>		5.2 NAME	
STREET ADDRESS <b>1990 FARMS ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAYNER, WILLIAM</b>		6.2 NAME	
STREET ADDRESS <b>1970 FARMS ROAD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32311</b>		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GERALD MULDER** **DIRECTOR** **2/15/97** **(904) 878-2855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008323

CR2E037 (9/96)