


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003578 (9) 1. Corporation Name FARMS ROAD COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1975 FARMS ROAD TALLAHASSEE FL 32311		Mailing Address 1975 FARMS ROAD TALLAHASSEE FL 32311			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/08/1996 4. FEI Number 59-3388464 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent THERIAQUE, DAVID A 909 EAST PARK AVE TALLAHASSEE FL 32301 <i>pd ck# 0106</i>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVY, LOREN	1.2 NAME			
STREET ADDRESS	2115 FARMS ROAD	1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, JAN	2.2 NAME			
STREET ADDRESS	1975 FARMS ROAD	2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORSQREN, TED	3.2 NAME			
STREET ADDRESS	1955 FARMS ROAD	3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULDER, GERALD	4.2 NAME			
STREET ADDRESS	2040 FARMS ROAD	4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	4.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REINHART, FRED	5.2 NAME			
STREET ADDRESS	1990 FARMS ROAD	5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	5.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAYNER, WILLIAM	6.2 NAME			
STREET ADDRESS	1970 FARMS ROAD	6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	6.4 CITY-ST-ZIP			
14. 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 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: <i>GERALD W. MULDER</i> 1/28/98 850-878-2855					

CR2E037 (10/97)