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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name

766066

(5)

| DICHWOOD | HOMEOWNERS | MOLTATIONS | INC |
|------------------|-------------------|--------------|-------|
| DIL 'DAAA' YII Y | HUMBUMMERA | ASSULIATION. | INI . |

| RICHWOOD HOM | EOWNERS ASSOC | IATION, INC. | | | | | | | | |
|---|--|---|------------------|--------------------|----------------|--|--|-------------------|------------------|------------------------------------|
| Principal Place of Business | | Mailing Address | | | | | L PERIOR LOUIS ELLING BIRKI ORING BIRKS I | HIL BÜÜLL BURHLU | | (B!D((B)[1] ([]]) |
| 7802 RICHWOOD DRIVE 7802 RICHWOOD DRIVE ORLANDO FL 32825 ORLANDO FL 32825 | | | IVE | | | | | | | |
| | | | | | | | Date Incorporated or Qualified 12/10/1982 | 3a. Date 05 | of Last /01/1 | |
| 2. Principal Place of Business | 3 | 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | | 59-2298544 | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | |)0 May Be | |
| 23 Zip | Country | 70 600 | | ento. | | | Trust Fund Contribution | Added to Fees | | |
| 24 25 | ¬ ' | 29 | Zip Country | | | 8. This corporation has liability for int Florida Statutes | | . 199.032, | | |
| | nd Address of Current R | | 1001 | Τ | | 1 | 10. Name and Address of New Reg | | | |
| | | | | 81 | Name | | | | | |
| WARING, JOYCE H. | | | | 82 | C+ | A =1 =1 - = = | (P.O. Box Number is Not Acceptable | | | |
| 7802 RICHWOOD DR | IVE | | | 62 | Street / | Actoress | (F.O. DOX NUMBER IS NOT Acceptable | i | | |
| ORLANDO FL 32825 | ·*L | | | 83 | | | | | | |
| 00000 | | | | 84 | City | | | FI | 85 Zi | ip Code |
| or registered agent, or bo familiar with, and accept SIGNATURE | oth, in the State of Florida. the obligations of, Section | Such change was autho 617.0503, Florida Statut | rized by the i | corp | oration's | board o | on submits this statement for the purpor of directors. I hereby accept the appoir | ntment as reg | ng its i | registered office d agent. I am |
| 12. | oricled name of registered agent and OFFICERS AND D | | NO: E Registered | 1 Agen | t signature ne | equired wh | on reinstating) ADDITIONS/CHANGES TO OFFIC | DATE COS AND D | DCCTZ | OFIC IN 12 |
| TITLE PD | OTTIOCTIO / TIO | DELETE | 111 | i]LF | | T | ADDITIONS CHANGES TO OFFIC | | Change | Addition |
| NAME PARKS, W | ALTED D | | 1.2 N | | | | | U, | , longo | |
| rano, ii | WOOD DR. | | | | ADDRESS | | | | | |
| CHY-ST-ZIP ORLANDO | | | | ITY-S | | | | | | |
| TITLE SD | | DELETE | 2 1 Ti | | | | | | Change | ☐ Addition |
| NAME LONGINO, STREET ADDRESS 247800 RICH | SARAH GWEN | I E. HARTMAI | VN 22N | 2 2 NAME | | | | | _ | |
| STREET ADDRESS 247600 PICE | WOOD DRIVE 782 | 4 RICHWOOD PIR | 235 | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP ORLANDO | FL | | 2 4 0 | ITY - S | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3 1 TI | TLE | | | | | Change | Addition |
| NAME WARING | JOYCE DAN | SIEC P. ACF | 32 N | AME | | | | | | |
| | 7802 RICHWOOD DRIVE TEXT RICHWOOD DK | | کار 335 | 3 3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP ORLANDO | FL | Constant | | | T - ZIP | | | | | |
| TITLE | | DELETE | 411 | | | | | | Change | ☐ Addition |
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| STREEF ADORESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP TITLE | | DELETE | | ITY - S | T-ZIP | | | <u> </u> | · · · · · · | Addion |
| NAME | | PARTELE | 51 TI | | | | | U' | Change | Addition |
| STREET ADDRESS | | | 52 N | | Annares | | | | | |
| CITY-ST-ZIP | | | | IHEET ITY-S | ADDRESS | | | | | |
| TITLE | | DELETE | 61 TI | | 1-2IF | | | [] | Change | Addition |
| NAME | | | 62 N | | | | | ٠. | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | ITY-S | | | | | | |
| | e information supplied with | n this filing is voluntarily fu | | | | alify for t | he exemption stated in Section 119.0 | 7(3)(k), Florida | Statu | ites. 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: Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P. ALF 2/9/96 (467) 273-924/