

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 766066 (5)
1. Corporation Name
RICHWOOD HOMEOWNERS ASSOCIATION, INC.



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| Principal Place of Business 7802 RICHWOOD DRIVE ORLANDO FL 32825 | Mailing Address 7802 RICHWOOD DRIVE ORLANDO FL 32825 |
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| 3. Date Incorporated or Qualified 12/10/1982 | |
| 4. FEI Number 59-2298544 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 9. Name and Address of Current Registered Agent WARING, JOYCE H. 7802 RICHWOOD DRIVE ORLANDO FL 32825 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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 PD | NAME PARKS, WALTER R. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7826 RICHWOOD DR. | CITY-ST-ZIP ORLANDO FL | 1.2 NAME | |
| TITLE SD | NAME HARTMANN, GWEN E. | 1.3 STREET ADDRESS | |
| STREET ADDRESS 7824 RICHWOOD DRIVE | CITY-ST-ZIP ORLANDO FL | 1.4 CITY-ST-ZIP | |
| TITLE TD | NAME WARING, JOYCE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7802 RICHWOOD DR. | CITY-ST-ZIP ORLANDO FL | 2.2 NAME | |
| TITLE | NAME | 2.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 3.2 NAME | |
| TITLE | NAME | 3.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 4.2 NAME | |
| TITLE | NAME | 4.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 5.2 NAME | |
| TITLE | NAME | 5.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 6.2 NAME | |
| TITLE | NAME | 6.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 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: *Joyce Waring* *Walter R. Parks* *4/19/98 (407) 838-5085*

CR2E037 (10/97)