

FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am  
Secretary of State

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0018195

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766066

1. Corporation Name  
RICHWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
7802 RICHWOOD DRIVE  
ORLANDO FL 32825

Mailing Address  
7802 RICHWOOD DRIVE  
ORLANDO FL 32825



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2298544	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARING, JOYCE H. 7802 RICHWOOD DRIVE ORLANDO FL 32825				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Joyce H. Waring* (Typed) Date: 4/29/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, WALTER R.		1.2 NAME	Ingrid L. Witter	
STREET ADDRESS	7826 RICHWOOD DR.		1.3 STREET ADDRESS	7827 Richwood Drive	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, Florida 32825	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMANN, GWEN E.		2.2 NAME	Sue Nicholson	
STREET ADDRESS	7824 RICHWOOD DRIVE		2.3 STREET ADDRESS	7833 Richwood Drive	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, Florida 32825	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARING, JOYCE		3.2 NAME		
STREET ADDRESS	7802 RICHWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Secretary	
STREET ADDRESS			4.3 STREET ADDRESS	Patty Theis	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	7806 Richwood Drive Orlando, Florida 32825	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 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, with all other like empowered.

SIGNATURE: *Joyce H. Waring* SIGNATURE REQUIRED Joyce H. Waring Date: 4/29/99 (407) 823-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)