

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90016 040 \*\*\*\*70.00

**DOCUMENT # 766066**

1. Entity Name

**RICHWOOD HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~7802 RICHWOOD DRIVE~~  
 ORLANDO FL 32825

~~7802 RICHWOOD DRIVE~~  
 ORLANDO FL 32825-5274

2. Principal Place of Business

*7800 Richwood Drive*  
 Suite, Apt. #, etc.

3. Mailing Address

*7800 Richwood Drive*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-2298544**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARING, JOYCE H.**  
**7802 RICHWOOD DRIVE**  
**ORLANDO FL 32825**

Name *Sarah Longino*  
 Street Address (P.O. Box Number is Not Acceptable) *7800 Richwood Drive*  
 City *Orlando* FL Zip Code *32825*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Sarah Longino*

*4-19-00*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME             | STREET ADDRESS    | CITY-ST-ZIP      | <input type="checkbox"/> Delete     |
|-------|------------------|-------------------|------------------|-------------------------------------|
| PD    | WITTER, INGRID L | 7826 RICHWOOD DR. | ORLANDO FL       | <input type="checkbox"/>            |
| VPD   | NICHOLAS, SUE    | 7833 RICHWOOD DR  | ORLANDO FL 32825 | <input checked="" type="checkbox"/> |
| TD    | WARING, JOYCE    | 7802 RICHWOOD DR. | ORLANDO FL       | <input checked="" type="checkbox"/> |
| SD    | THEIS, PATTY     | 7806 RICHWOOD DR  | ORLANDO FL 32825 | <input checked="" type="checkbox"/> |
|       |                  |                   |                  | <input type="checkbox"/>            |
|       |                  |                   |                  | <input type="checkbox"/>            |

| TITLE | NAME          | STREET ADDRESS    | CITY-ST-ZIP      | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|---------------|-------------------|------------------|-------------------------------------|-----------------------------------|
| VPD   | Louise Marlow | 7923 Richwood Dr. | Orlando FL 32825 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
| TD    | Sarah Longino | 7800 Richwood Dr. | Orlando FL 32825 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
| SD    | Kathy Gray    | 7802 Richwood Dr. | Orlando FL 32825 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |               |                   |                  | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                   |                  | <input type="checkbox"/>            | <input type="checkbox"/>          |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sarah Longino* **REQUIRED**

*4-19-00* 407 282-5176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)