

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 766066

1. Entity Name
RICHWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**8332 AMBER OAK DR
ORLANDO, FL 32817**

Mailing Address
**P.O. BOX 2180
GOLDENROD, FL 32733-2180**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2298544 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GARCEAU, ELAINE
8332 AMBER OAK DR
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | P |
| NAME | GARCEAU, JOHN |
| STREET ADDRESS | 8332 AMBER OAK DR |
| CITY - ST - ZIP | ORLANDO, FL 32817 |
| TITLE | S |
| NAME | MARTIN, PATRICK |
| STREET ADDRESS | 1503 SUGARWOOD CR |
| CITY - ST - ZIP | WINTER PARK, FL 32792 |
| TITLE | T |
| NAME | GARCEAU, ELAINE |
| STREET ADDRESS | 8332 AMBER OAK DR |
| CITY - ST - ZIP | ORLANDO, FL 32817 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U00000176317
01/10/05-80087-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Elaine Garceau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05 407 620 2806
Date Daytime Phone #