


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: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCEAU, ELAINE
8332 AMBER OAK DR
ORLANDO, FL 32817

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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: _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	P GARCEAU, JOHN 8332 AMBER OAK DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTIN, PATRICK 1503 SUGARWOOD CR WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARCEAU, ELAINE 8332 AMBER OAK DR ORLANDO, FL 32817
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 01/10/05-80087-002 61.25

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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 1/5/05 407 620 2806
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #