

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP

CR2E037 (4/06)

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

**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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000954018
07/10/08-80005-007 61.25

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 HARTMAN, GWEN 7824 RICHWOOD DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCEAU, ELAINE 8332 AMBER OAK DR ORLANDO, FL 32817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

7/7/08 407 620 2806

ELAINE GARCEAU