


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # 766066  
 1. Entity Name  
 RICHWOOD HOMEOWNERS ASSOCIATION, INC.



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

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

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



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

**Filing Fee Is \$61.25**  
**Due by September 12, 2008**

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

U00000954018  
 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 Marceau 7/7/08 407 620 2806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ELAINE GARCEAU