

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N39110** ✓

1. Entity Name
Richview Trace Homeowners Association, Inc.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90086 041 ****61.25

Principal Place of Business

Mailing Address

Community Property Management, Inc.

2. Principal Place of Business
1815 Miccosukee Commons Dr.

3. Mailing Address
P.O. Box 14019

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
59-3076209

Applied For
☐ Not Applicable

Zip
32308

Country
USA

Zip
32317

Country
USA

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

Name **Tammy S. Daughtry**
Street Address (P.O. Box Number is Not Acceptable)
1815 Miccosukee Commons Dr. Suite 104
City **Tallahassee** FL Zip Code **32308**

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  **Tammy S. Daughtry**
2-14-01

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

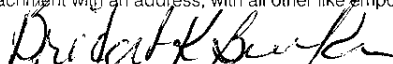
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joe Bracciale 107 Whetherbine Way South Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Bridget Burke 104 Whetherbine Way South Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Natalie Gutierrez 106 Whetherbine Way South Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jennifer Berino 123 Whetherbine Way South Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:  **Bridget K. Burke** 2/13/01 385-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)