2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90098 030 ****61.25

DOCUMENT # N39110

1. Entity Name

RICHVIEW TRACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1815 MICCOSUKEE COMMONS 104 TALLAHASSEE FL 32308 US	P O BOX 14019 TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3076209 ☐ Applied For ☐ Not Applicable

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
DAUGHTRY, TAMMY S C/O COMMUNITY PROPERTY MANAGEMENT INC 1815 MICCOSUKEE COMMONS DR SUITE 104 TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD BRACCIALE, JOSEPH R 107 WHETHERBINE WAY S. TALLAHASSEE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURKE, BRIDGET 104 WHETHERBINE WAY S. TALLAHASSEE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUTIERREZ, NATALIE 106 WHETHERBINE WAY S. TALLAHASSEE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRACCIALE, JOE 107 WHETHERBINE WAY SOUTH TALLAHASSEE FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RL Redfearn 132 Whetherbine Way South Tallahassee, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURKE, BRIDGET 104 WHETHERBINE WAY SOUTH TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Burke, Bridget 1117 Waverly Rd. Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUTIERREZ, NATALIE 106 WHETHERBINE WAY SOUTH TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] TSD Garner, Natalie 106 Whetherbine Way South Tallahassee, FL 32301	☑ Change ☐ Addition

CR2E037 (9/01)

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: Natalie Garner REQUIRED 2-12-02 488-6708 x189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #