2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State
01-08-2007 90244 050 ****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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1909 Vineyard Way	1909 Vineyard Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32317 Country: USA	Zip: 32317 Country: USA

01052007 Chg-NP CR2E037 (12/06)

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

~~DAUGHTRY, TAMMY S~~
~~C/O COMMUNITY PROPERTY MANAGEMENT~~ INC
~~1815 MICCOSUKEE COMMONS DR SUITE 104~~
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Stephen D. Moon
Street Address (P.O. Box Number is Not Acceptable): 1909 Vineyard Way
City: Tallahassee FL Zip Code: 32317

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: Stephen D Moon JAN 5, 2007
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 May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDFEARN, K.L. 132 WHETHERBINE WAY SOUTH TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURKE, BRIDGET 1117 WAVERLY ROAD TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Burke-Wammack, Bridget 1235 Conservancy Dr E Tallahassee, FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOON, STEPHEN 1909 VINEYARD WAY TALLAHASSEE, FL 32317	☐ 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
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 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: Stephen D Moon JAN 5, 2007 877-3863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #