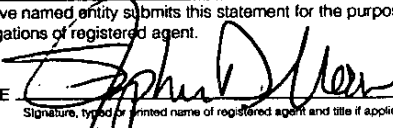
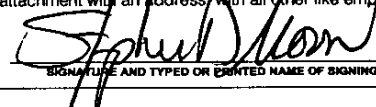


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 1815 MICCOSUKEE COMMONS 104 TALLAHASSEE, FL 32308 US			Mailing Address P O BOX 14019 TALLAHASSEE, FL 32317 US		
2. Principal Place of Business - No P.O. Box # 1909 Vineyard Way Suite, Apt. #, etc.		3. Mailing Address 1909 Vineyard Way Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3076209	
Zip 32317		Country USA		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 404 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  DATE JAN 5, 2007 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 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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PD Burke-Wammark, Bridget 1235 Conservancy Dr E Tallahassee, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOON, STEPHEN 1909 VINEYARD WAY TALLAHASSEE, FL 32317		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: 			JAN 5, 2007		877-3863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #