

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006483

1. Entity Name

RICHFIELD HOMEOWNERS ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90361 033 ****61.25

Principal Place of Business LARSEN & ASSOCIATES, P.A. 34 E. PINE ST. ORLANDO FL 32801	Mailing Address LARSEN & ASSOCIATES, P.A. 34 E. PINE ST. ORLANDO FL 32801-2608
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2700 Springfield Drive Suite, Apt. #, etc.	3. Mailing Address 2700 Springfield Drive Suite, Apt. #, etc.
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City & State Ocoee, FL	City & State Ocoee, FL	4. FEI Number 52-2229128	Applied For <input type="checkbox"/> Not Applicable
Zip 34761	Country	Zip 34761	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LARSEN, RICHARD E ESQ.
LARSEN & ASSOCIATES, P.A.
34 E. PINE ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE President <input type="checkbox"/> Delete	NAME Odessa L. Bowser
STREET ADDRESS 2700 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Treasurer <input type="checkbox"/> Delete	NAME Gary Hinden
STREET ADDRESS 2704 Nan Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Asst Treasurer <input type="checkbox"/> Delete	NAME Evelyn Hinden
STREET ADDRESS 2704 Nan Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Secretary <input type="checkbox"/> Delete	NAME Linda Tatum-Riley
STREET ADDRESS 2740 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Asst Secretary <input type="checkbox"/> Delete	NAME Daphne Williams
STREET ADDRESS 2732 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Vice President <input type="checkbox"/> Delete	NAME Elainé Cole
STREET ADDRESS 2730 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Board Member <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Joe Guzman
STREET ADDRESS 2739 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Board Member <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Iraida Guzman
STREET ADDRESS 2739 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE Board Member <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Lydia Maldonada
STREET ADDRESS 2705 Springfield Drive	CITY-ST-ZIP Ocoee, FL 34761
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

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: **SIGNATURE REQUIRED** *Odessa L. Bowser* **4/28/00** **407 856-6514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)