


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90074 016 \*\*\*\*61.25

**DOCUMENT # N99000006483**

1. Entity Name  
**RICHFIELD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**901 N. LAKE DESTINY DRIVE  
 SUITE 110  
 MAITLAND, FL 32751 US**

Mailing Address  
**901 N. LAKE DESTINY DRIVE  
 SUITE 110,  
 MAITLAND, FL 32751 US**

**50021235**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-2229128**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**WEBB, ROBIN L**  
**901 N. LAKE DESTINY DRIVE  
 SUITE 110  
 MAITLAND, FL 32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 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, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWSER, ODESSA L	
STREET ADDRESS	2700 SPRINGFIELD DR	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, LYDIA	
STREET ADDRESS	2705 SPRINGFIELD DRIVE	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, BRADLEY	
STREET ADDRESS	2706 SPRINGFIELD DR.	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM-RILEY, LINDA	
STREET ADDRESS	2740 SPRINGFIELD DRIVE	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLE, ELAINE	
STREET ADDRESS	2730 SPRINGFIELD DR	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, TRUIDA	
STREET ADDRESS	2739 SPRINGFIELD DRIVE	
CITY-ST-ZIP	OCOE, FL 34761	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey, Dennis	
STREET ADDRESS	2714 Springfield Drive	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruyette, Debbie	
STREET ADDRESS	2704 Estep Court	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Leonarda	
STREET ADDRESS	2703 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		

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: Leonarda Richardson Date: 2-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR