


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90215 002 \*\*\*\*61.25

**60033049**



<b>DOCUMENT # N99000006483</b>							
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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04122006 Chg-NP CR2E037 (11/05)			
Zip		Country		4. FEI Number 59-2229128			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WEBB, ROBIN L 901 N. LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOWSER, ODESSA L		NAME	Bruyette, Debbie			
STREET ADDRESS	2700 SPRINGFIELD DR		STREET ADDRESS	2704 Estep Court			
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE, FL 34761			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MALDONADO, LYDIA		NAME	Harvey, Dennis			
STREET ADDRESS	2705 SPRINGFIELD DRIVE		STREET ADDRESS	2739 Springfield Drive			
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE, FL 34761			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, LEONARDA		NAME	Bowser, Odessa			
STREET ADDRESS	2703 SPRINGFIELD DRIVE		STREET ADDRESS	2700 Springfield Dr			
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP	OCOEE, FL 34761			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATUM-RILEY, LINDA		NAME				
STREET ADDRESS	2740 SPRINGFIELD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARVEY, DENNIS		NAME				
STREET ADDRESS	2714 SPRINGFIELD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUZMAN, TRUIDA		NAME				
STREET ADDRESS	2739 SPRINGFIELD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP				
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: <i>Leonarda Richardson</i>			Date _____ Daytime Phone # _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							