


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 022 ****61.25

DOCUMENT # N99000006483

1. Entity Name
RICHFIELD HOMEOWNERS ASSOCIATION, INC.




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2229128

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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 | VD | <input type="checkbox"/> Delete |
| NAME | BRUYETTE, DEBBIE | |
| STREET ADDRESS | 2704 ESTEP CT | |
| CITY-ST-ZIP | OCOE, FL 34761 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, DENNIS | |
| STREET ADDRESS | 2739 SPRINGFIELD DR | |
| CITY-ST-ZIP | OCOE, FL 34761 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MOORE, CHRISTINE | |
| STREET ADDRESS | 2712 ESTEP COURT | |
| CITY-ST-ZIP | OCOE, FL 34761 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RICHARDSON, KEITH | |
| STREET ADDRESS | 2740 SPRINGFIELD DRIVE | |
| CITY-ST-ZIP | OCOE, FL 34761 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUSHIN, LEE | |
| STREET ADDRESS | 2729 SPRINGFIELD DRIVE | |
| CITY-ST-ZIP | OCOE, FL 34761 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RICHARDSON, MS. LEE | |
| STREET ADDRESS | 2703 SPRINGFIELD DRIVE | |
| CITY-ST-ZIP | OCOE, FL 34761 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Maribel Landa | |
| STREET ADDRESS | 2720 Springfield drive | |
| CITY-ST-ZIP | OCOE, 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 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: *Keith Richardson* 1-22-08

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