

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

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90043 038 ****61.25

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1. Entity Name
RICHMOND ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**2952 CUMLER COURT
ORLANDO, FL 32811**

Mailing Address
**2952 CUMLER COURT
ORLANDO, FL 32811**

0004313



07242006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4535293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, EMMA
2952 CUMLER COURT
ORLANDO, FL 32811**

**DO NOT WRITE
IN THIS SPACE**

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 *Emma L Scott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-25-06

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOTT, EMMA
STREET ADDRESS	2952 CUMLER COURT
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	VD
NAME	JONES, LORIN
STREET ADDRESS	4273 PRINCE HALL BLVD.
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SD
NAME	BROWN, DORIS T
STREET ADDRESS	4291 LAKE RICHMOND DRIVE
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	TD
NAME	MYERS, JOYCE
STREET ADDRESS	3032 PINDLER COURT
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	ENSLow, LEROY REV.
STREET ADDRESS	3060 MARY CHURCH COURT
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Emma L Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-06

407-425-6299

Daytime Phone #

407 425 6299