

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90002 028 ****65.00

DOCUMENT # N03000003887

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



05312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4535293	Applied For Not Applicable
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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

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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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, EMMA 2952 CUMLER COURT ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, LORIN 4273 PRINCE HALL BLVD. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, DORIS T 4132 PRINCE HALL ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYERS, JOYCE 3032 PINDLER COURT ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENSLOW, LEROY REV. 3060 MARY CHURCH COURT ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 / Emma L Scott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-07 *407-425-6299*
Date Daytime Phone #