

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

**DOCUMENT # N06000007057**

1. Entity Name  
**RICHMOND SQUARE PHASE II OF WINTERSET  
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**6356 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884**

Mailing Address  
**6356 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884**

**40115685**



09082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SAMMONS, ROBERT O  
1556 6TH ST. SE  
WINTER HAVEN, FL 33880**

**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 \_\_\_\_\_  
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 12, 2008**

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  
**D  
CAMERON, ROBERT E JR  
6356 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAMERON, CATHY  
6356 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHELBY, AMANDA  
6356 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/08 803-325-8834**

Date Daytime Phone #

# ATTACHMENT

Date 09/08/08 Time 14:47:42 RICHMOND SQ OF WINTERSET HOMEOWNERS ASSOC, INC Report # 0766 Page 0001

## CASH DISBURSEMENTS

Starting Check Date: 1/01/08 Cash Account #: 1010

Ending Check Date: 1/31/08

40115685

Check Date	Check #	Vend #	Name	Check Amount	Reference
1/18/08	1241	CHILDE	CHILDERS LAWN MAINT., INC.	1,110.00	

Vchr-#	Invoice-#	Inv-date	Acct #	Eff-date	Amount-paid	Reference
317	7644	1/18/08	6100	1/18/08	310.00	lawn maintenance RS 1
318	7645	1/18/08	6100	1/18/08	800.00	lawn maintenance RS2

Totals: 1,110.00

1/18/08	1242	DEPTST	DEPARTMENT OF STATE	61.15	Richmond Sq. 2 annual rep
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Vchr-#	Invoice-#	Inv-date	Acct #	Eff-date	Amount-paid	Reference
321	N06000007057	1/18/08	6105	1/18/08	61.15	Richmond Sq. 2 annual rep

1/18/08	1243	FLOYD	FLOYD & SAMMONS, P.A.	17.50	couch vs construction
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Vchr-#	Invoice-#	Inv-date	Acct #	Eff-date	Amount-paid	Reference
320	RICH5436	1/18/08	6030	1/18/08	17.50	couch vs construction

1/18/08	1244	PIONEER	PIONEER PROPERTY MGMT INC	2,060.93	management
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Vchr-#	Invoice-#	Inv-date	Acct #	Eff-date	Amount-paid	Reference
319	RS JANUARY	1/18/08	5020	1/18/08	2,060.93	management

1/18/08	1245	RESERV	RICHMOND SQUARE HOA	2,000.00	phase 2 savings deposit
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Vchr-#	Invoice-#	Inv-date	Acct #	Eff-date	Amount-paid	Reference
322	PHASE 2 SAVINGS	1/18/08	1020	1/18/08	2,000.00	phase 2 savings deposit

Totals: 5,249.58

-- End of report --