FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:19

DOCUMENT # N07784 (4)

1. Corporation Name
RICHMOND HEIGHTS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
13900 HARRISON ST. P.O. BOX 571083 MIAMI FL 33176	13900 HARRISON ST. P.O. BOX 571083 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1985
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2502219 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

MARSHALL, JAMES
13900 HARRISON STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, JAMES L	1.2 NAME	
STREET ADDRESS	13900 HARRISON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☑ Change ☐ Addition
NAME	LAWRENCE, KARL	2.2 NAME	Pearly Richardson Jr.
STREET ADDRESS	13900 HARRISON ST	2.3 STREET ADDRESS	14141 S.W. 110 avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	miami, Florida 33176
TITLE	SFS	3.1 TITLE	(3) ☑ Change ☐ Addition
NAME	NICKERSON BARBARA	3.2 NAME	Margaret L. Cruz
STREET ADDRESS	14201 POLK ST	3.3 STREET ADDRESS	14541 Monroe Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	miami, Fla. 33176
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, DORIS	4.2 NAME	
STREET ADDRESS	13900 HARRISON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BEMBRY, WILLIE	5.2 NAME	
STREET ADDRESS	11512 SW 136 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, PEARLY	6.2 NAME	
STREET ADDRESS	14641 SW 106 AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305-386-0616 ext 20
305-388-8986
Daytime Phone #