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Jan 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, JAMES
13900 HARRISON STREET
MIAMI FL 33176

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MARSHALL, JAMES L**
STREET ADDRESS **13900 HARRISON STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **RICHARDSON, JR. P**
STREET ADDRESS **14122 SW 110 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE
NAME **CRUZ, MARGARET L.**
STREET ADDRESS **14541 MONROE ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **MONTGOMERY, DORIS**
STREET ADDRESS **13900 HARRISON STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **BEMBRY, WILLIE**
STREET ADDRESS **11512 SW 136 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **RICHARDSON, PEARLY**
STREET ADDRESS **14641 SW 106 AVE.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033262

CR2E037 (10/97)