

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 021 ****70.00

DOCUMENT # N07784

1. Entity Name

RICHMOND HEIGHTS HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

Mailing Address

**13900 HARRISON ST.
MIAMI FL 33176**

**13900 HARRISON ST.
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2502219

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, JAMES
13900 HARRISON STREET
MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **RICHARDSON, JR. P**
CITY-ST-ZIP **14641 SW 106 AVE
MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
NAME **V. Ned, Robertson**
STREET ADDRESS **11501 S.W. 142 street**
CITY-ST-ZIP **MIAMI, Florida 33176**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MOORE, FRANCES**
CITY-ST-ZIP **10711 SW 152ND ST
MIAMI FL 33176**

TITLE ☒ Change ☐ Addition
NAME **Sharon Lee Cody**
STREET ADDRESS **14525 S.W. 105th Court**
CITY-ST-ZIP **MIAMI, Florida 33176**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

305-231-3458 H.

305-235-7731 W.

2/10/2005