2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07784

FILED Feb 12, 2009 Secretary of State

Entity Name: RICHMOND HEIGHTS HOMEOWNERS ASSOCIATION INC.

	•	of Business:	New Principal Plac	New Principal Place of Business:	
11225 SW MIAMI, FL	152 AVE 33157				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
13900 HA MIAMI, FL	RRISON ST. 33176				
FEI Number	: 59-2502219	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
	LL, JAMES RRISON STREE 33176 US	ΞΤ			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () MARSHALL, JAN 13900 HARRISC MIAMI, FL 3317	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MOORE, FRANC 11501 SW 142 S MIAMI, FL 3317	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address:	MOORE, FRANC 11501 SW 142 S MIAMI, FL 3317	EES STREET 6 US Delete THIA DRIVE	Name: Address:	()Change ()Addition ()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	MOORE, FRANC 11501 SW 142 S MIAMI, FL 3317 S () COCHRAN, CYN 14836 CARVER MIAMI, FL 3317 T () CODY, SHARON 14525 SW 105 G	SES STREET 6 US Delete THIA DRIVE 6 US Delete I LEE	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MOORE, FRANC 11501 SW 142 S MIAMI, FL 3317 S () COCHRAN, CYN 14836 CARVER MIAMI, FL 3317 T () CODY, SHARON 14525 SW 105 G MIAMI, FL 3317	Delete THIA DRIVE 6 US Delete I LEE CT 6 US Delete E FERRACE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. MARAHSALL PRES 02/12/2009