

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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90160 011 ****61.25

DOCUMENT # N27199

1. Entity Name

RICHMOND LAKE ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2949518

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

**TRIPPE, PAT
4400 NW 36TH AVE
GAINESVILLE FL 32606**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, WILLIAM DR.	
STREET ADDRESS	2841 NW 41 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DEFORD, TERRI	
STREET ADDRESS	2831 NW 58TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, DR WILLIAM	
STREET ADDRESS	2841 NW 41ST ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THALER, RONALD	
STREET ADDRESS	2841 NW 58 BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLACKBURN, ROGER	
STREET ADDRESS	3047 NW 58 BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOUTS, CAROLINE	
STREET ADDRESS	3111 NW 58 BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smock, Andrew	
STREET ADDRESS	3238 NW 57 Ter	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fowler, David	
STREET ADDRESS	3204 NW 57 Ter	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roebor, Michael	
STREET ADDRESS	4741 NW 8th Ave Suite A	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peddie, Ed	
STREET ADDRESS	3007 NW 58 Blvd	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ANDREW SMOCK

4/6/05 352 338 8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #