
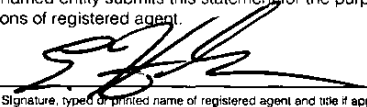
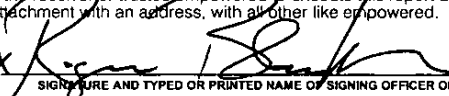


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90022 013 \*\*\*\*61.25

<b>DOCUMENT # N27199</b>			
1. Entity Name <b>RICHMOND LAKE ASSOCIATION, INC.</b>			
Principal Place of Business <b>4400 NW 36TH AVE GAINESVILLE, FL 32606 US</b>		Mailing Address <b>4400 NW 36TH AVE GAINESVILLE, FL 32606 US</b>	
2. Principal Place of Business - No P.O. Box # <b>500 NW 43rd Street</b>		3. Mailing Address <b>500 NW 43rd St.</b>	
Suite, Apt. #, etc. <b>Ste. 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>	
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>	
Zip <b>32607</b>	Country <b>USA</b>	Zip <b>32607</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent Name <b>Comerstone Property Sol. of N. Central FL.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NW 43rd St.</b> <b>Suite 3</b> City <b>Gainesville</b> FL Zip Code <b>32607</b>	
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  <b>Eugene Haufker, Owner</b> 1/9/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH VANIZ, ESTHER 3238 NW 57 TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHER, SUE 9131 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDDIE, ED 3007 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THALER, RONALD 2841 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKBURN, ROGER 3047 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLMAN, LINDA 2811 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		01/09/08 Date Daytime Phone #	

40062514



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2949518**

Applied For  
Not Applicable

5. Certificate of Status Desired- ☐ **\$8.75 Additional Fee Required**