

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N27200 (7)**

1. Corporation Name

RICHMOND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5000 NW 27TH CT
SUITE C
GAINESVILLE FL 32606
USP O BOX 147060
SUITE 30
GAINESVILLE FL 32614-7060
US3. Date Incorporated or Qualified
06/29/19883a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 **2830 NW 41 St.**

2a. Mailing Address

26

4. FEI Number

59-2049516

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite F**

Suite, Apt. #, etc.

27

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

City & State

23 **Gainesville, FL.**

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

Zip

24 **32606**

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BEVERLY K
5000 NW 27TH CT
SUITE C
GAINESVILLE FL 32606

81 Name

Smith, Beverly K.

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

2830 NW 41 St.

83

Suite F

84 City

Gainesville

85 Zip Code

FL 32606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME **VPD**
RAINES, FRANK
STREET ADDRESS **3007 NW 58 BLVD**
CITY-ST-ZIP **GAINESVILLE FL**1.1 TITLE **P/D** ☒ Change ☐ AdditionTITLE ☒ DELETENAME **DP**
FOWLER, DAVID
STREET ADDRESS **3204 NW 57TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**2.1 TITLE **D/T** ☐ Change ☒ AdditionTITLE ☒ DELETENAME **STD**
SCOTT, JOHN
STREET ADDRESS **2112 NW 57 TERR**
CITY-ST-ZIP **GAINESVILLE FL**2.2 NAME **Schackow, Susan**TITLE ☐ DELETENAME **D**
SAGA-RUMLEY, DINA
STREET ADDRESS **3030 NW 62ND TERR**
CITY-ST-ZIP **GAINESVILLE FL**2.3 STREET ADDRESS **3114 NW 58 Blvd.**TITLE ☒ DELETENAME **D**
MARTIN, BILL
STREET ADDRESS **2841 NW 41 ST**
CITY-ST-ZIP **GAINESVILLE FL**2.4 CITY-ST-ZIP **Gainesville, FL. 32606**TITLE ☒ DELETENAME **D**
WASHER, SUE
STREET ADDRESS **3131 NW 53 BLVD**
CITY-ST-ZIP **GAINESVILLE FL**3.1 TITLE **V/D** ☐ Change ☒ AdditionTITLE ☐ DELETE

14. I do 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.

3.2 NAME **Stern, Robert**3.3 STREET ADDRESS **2912 NW 62 Terr.**3.4 CITY-ST-ZIP **Gainesville, FL. 32606**4.1 TITLE **D** ☐ Change ☒ Addition4.2 NAME **Cato, Becky**4.3 STREET ADDRESS **2705 NW 62 Terr.**4.4 CITY-ST-ZIP **Gainesville, FL. 32606**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011383

CP2E037 (9/96)