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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27200** (7)
1. Corporation Name
RICHMOND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2830 NW 41ST ST SUITE F GAINESVILLE FL 32606 US	Mailing Address P O BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050 US
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3. Date Incorporated or Qualified 06/29/1988
4. FEI Number 59-2949516
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
**SMITH, BEVERLY K
2830 NW 41 ST
SUITE F
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State FL 85 Zip Code

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	
TITLE	PD RAINES, FRANK <input checked="" type="checkbox"/> DELETE
NAME	3007 NW 58 BLVD
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
TITLE	DT SCHACKOW, SUSAN <input checked="" type="checkbox"/> DELETE
NAME	3114 NW 58 BLVD
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
TITLE	VD STERN, ROBERT <input checked="" type="checkbox"/> DELETE
NAME	2912 NW 62 TERR
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
TITLE	D SAGA-RUMLEY, DINA <input checked="" type="checkbox"/> DELETE
NAME	3030 NW 62ND TERR
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
TITLE	SD SCARBOROUGH, RICK <input checked="" type="checkbox"/> DELETE
NAME	3122 NW 57 TERR
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
TITLE	D CATO, BECKY <input type="checkbox"/> DELETE
NAME	2705 NW 62 TERR
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD Washer, Sue <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3131 NW 58th Blvd.
1.3 STREET ADDRESS	Gainesville, FL 32606
1.4 CITY-ST-ZIP	
2.1 TITLE	D mills, Beth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2727 NW 58th Blvd.
2.3 STREET ADDRESS	Gainesville, FL 32606
2.4 CITY-ST-ZIP	
3.1 TITLE	SD Martin, Bill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2737 NW 58th Blvd.
3.3 STREET ADDRESS	Gainesville, FL 32606
3.4 CITY-ST-ZIP	
4.1 TITLE	D Hord, Bill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	3010 NW 62nd Terrace
4.3 STREET ADDRESS	Gainesville, FL 32606
4.4 CITY-ST-ZIP	
5.1 TITLE	D McMahon, Pam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	2814 NW 58th Blvd.
5.3 STREET ADDRESS	Gainesville, FL 32606
5.4 CITY-ST-ZIP	
6.1 TITLE	TD 62nd Terrace <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	32606
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE:

[Signature]

3-5-98 352-374-806A

CR2E037 (10/97)