

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90068 006 \*\*\*\*61.25

**DOCUMENT # N27200**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/29/1988

4. FEI Number

59-2949516

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

84 City

**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 officer 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** ☒ DELETE  
NAME **WASHER, SUE**  
STREET ADDRESS **3131 NW 58TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE  
NAME **MILLS, BETH**  
STREET ADDRESS **2727 NW 58TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **SD** ☒ DELETE  
NAME **MARTIN, BILL**  
STREET ADDRESS **2737 NW 58TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☒ DELETE  
NAME **HORD, BILL**  
STREET ADDRESS **3010 NW 62ND TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE  
NAME **MCAHON, PAM**  
STREET ADDRESS **2814 NW 58TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **TD** ☒ DELETE  
NAME **CATO, BECKY**  
STREET ADDRESS **2705 62ND TERR**  
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Greenspan, David**  
1.3 STREET ADDRESS **3116 NW 62 Terr**  
1.4 CITY-ST-ZIP **Gainesville FL 32606**

2.1 TITLE **S** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Tubb, Marilyn**  
3.3 STREET ADDRESS **3133 NW 62 Terr**  
3.4 CITY-ST-ZIP **Gainesville FL 32606**

4.1 TITLE **DV** ☐ Change ☒ Addition  
4.2 NAME **miller, Cynthia**  
4.3 STREET ADDRESS **2728 NW 62 Terr**  
4.4 CITY-ST-ZIP **Gainesville FL 32606**

5.1 TITLE **T** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99 904 462 7660

CR2E037 (11/98)