2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am³ Secretary of State **DOCUMENT # N27200** 1. Entity Name RICHMOND HOMEOWNERS ASSOCIATION, INC. 05-14-2001 90024 034 ****61.25 Principal Place of Business Mailing Address 2830 NW 41ST ST 2830 NW 41ST ST SUITE F SUITE F GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address 4400 NW 3 4400 NW 3644 Aug Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2949516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 606 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TRIPPE, PAT 2830 NW 41 ST NW 36th Aug SUITE F Zip Code 32606 City GAINESVILLE FL 32606 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. TKUP SIGNATURE e of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change **X** Addition TITI F PD Delete TITLE MCMAHON, MARTY NAME NAME GREENSPAN, DAVID 2814 NW 58+4 BLUD STREET ADDRESS STREET ADDRESS 3116 NW 62 TERR CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32606** Change Addition TITLE TITLE ☐ Delete NAME ROTHROCK, TOM NAME STREET ADDRESS STREET ADDRESS 3134 NW 58 BLVD CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** Change Addition TITLE **VD** ☐ Delete TUBB, MARILYN NAME STREET ADDRESS STREET ADDRESS 3133 NW 62 TERR CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Addition ☐ Change □ Delete TITLE MILLER, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 2728 NW 62 TERR CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 Change ☐ Delete TITLE ☐ Addition SCOTT, JOHN SCOTT, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 3112 NW 57 TER CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/38/04 (352)37-8-4620 Daytime Phone *