

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90077 021 \*\*\*\*61.25

**DOCUMENT # N27200**

1. Entity Name

**RICHMOND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4400 NW 36TH AVE  
GAINESVILLE FL 32606  
US**

**4400 NW 36TH AVE  
GAINESVILLE FL 32606  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2949516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT  
4400 NW 36TH AVE  
GAINESVILLE FL 32606**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete  
NAME **MCMAHON, MARTY**  
STREET ADDRESS **2814 NW 58TH BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **President** ☒ Change ☐ Addition  
NAME **McMahon Marty**  
STREET ADDRESS **2814 NW 58th Blvd**  
CITY-ST-ZIP **Gainesville FL 32606**

TITLE **D** ☒ Delete  
NAME **ROTHROCK, TOM**  
STREET ADDRESS **3134 NW 58 BLVD**  
CITY-ST-ZIP **GAINESVILLE-FL 32606**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Lung Chang**  
STREET ADDRESS **3947 NW 23rd Circle**  
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **VD** ☐ Delete  
NAME **TUBB, MARILYN**  
STREET ADDRESS **3133 NW 62 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **MILLER, CYNTHIA**  
STREET ADDRESS **2728 NW 62 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **SCOTT, JOHN**  
STREET ADDRESS **3112 NW 57 TER**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Janet Enwall**  
STREET ADDRESS **4052 NW 23rd Circle**  
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E037 (9/01)