

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 011 ****61.25

DOCUMENT # N27200

1. Entity Name

RICHMOND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

50019516



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PEDDIE, ED**
STREET ADDRESS **3007 NW 58 BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **SD** ☐ Delete
NAME **SMITH-VANIZ, ESTER**
STREET ADDRESS **3218 NW 57 TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☒ Delete
NAME **VALASAK, ALICE**
STREET ADDRESS **6110 NW 29 PL**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **TD** ☐ Delete
NAME **STERN, BOB**
STREET ADDRESS **2912 NW 62 TERR**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☒ Delete
NAME **MILLS, BETH**
STREET ADDRESS **2727 NW 58 BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Delete
NAME **BLACKBURN, LINDA**
STREET ADDRESS **3047 NW 58 BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **v p** ☐ Change ☐ Addition
NAME **Marilyn Tubb**
STREET ADDRESS **3133 NW 62 Terrace**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☐ Change ☐ Addition
NAME **Pam McMahon**
STREET ADDRESS **2817 NW 58 Blvd**
CITY-ST-ZIP **Gainesville FL 32606**

TITLE **D** ☐ Change ☐ Addition
NAME **David Fowler**
STREET ADDRESS **3204 NW 57 Terrace**
CITY-ST-ZIP **Gainesville, FL 32606**

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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]

4/28/06

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