


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 010 ****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
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2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street Suite, Apt. #, etc. Suite 3 City & State Gainesville FL Zip 32607 Country USA	3. Mailing Address 500 NW 43rd Street Suite, Apt. #, etc. Suite 3 City & State Gainesville FL Zip 32607 Country USA
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01082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 NW 36TH AVE GAINESVILLE, FL 32606	7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite 3 City Gainesville FL Zip Code 32607
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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.	DATE 5-13-08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP S TUBB, MARILYN 3133 NW 62ND TER GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH-VANIZ, ESTER 3218 NW 57 TERR. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KALLMAN, LINDA 2811 NW 588 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STERN, BOB 2912 NW 62 TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP MCMAHON, PAM 2814 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEFORD, JIM 2831 NW 58 BLVD GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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