

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27200

FILED
Apr 07, 2009
Secretary of State

Entity Name: RICHMOND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD ST
STE 3
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD ST
STE 3
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2949516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PRPTY SOLUTNS OF N CENTRAL FL
500 NW 43RD ST
STE 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TUBB, MARILYN
Address: 3133 NW 62ND TER
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SMITH-VANIZ, ESTER
Address: 3218 NW 57 TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: DVP () Delete
Name: KALLMAN, LINDA
Address: 2811 NW 588 BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: STERN, BOB
Address: 2912 NW 62 TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: P () Delete
Name: MCMAHON, PAM
Address: 2814 NW 58 BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: V () Delete
Name: DEFORD, JIM
Address: 2831 NW 58 BLVD
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SCARBOROUGH, RICK
Address: 3122 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM MCMAHON

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date