

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90183 001 ****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**

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MCMAHON, MARTY	
STREET ADDRESS	2814 NW 58TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNG, CHANG	
STREET ADDRESS	3947 NW 23RD CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TUBB, MARILYN	
STREET ADDRESS	3133 NW 62 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CYNTHIA	
STREET ADDRESS	2728 NW 62 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENWALL, JANET	
STREET ADDRESS	4052 NW 23RD CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peddle, Ed	
STREET ADDRESS	3007 NW 58 Bld	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stern, Bob	
STREET ADDRESS	2912 NW 62 Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blackburn, Linda	
STREET ADDRESS	3047 NW 58 Bld	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	Enwall, Janet	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enwall, Janet	
STREET ADDRESS	2624 NW 58 Blvd	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	Lung, Chung	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lung, Chung	
STREET ADDRESS	3102 NW 57 Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **W. Enwall** 5/1/03 377-2969

CR2E037 (10/02)