

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90262 035 \*\*\*\*61.25

**DOCUMENT # N39110**

1. Entity Name  
**RICHVIEW TRACE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**1815 MICCOSUKEE COMMONS  
104  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**P O BOX 14019  
TALLAHASSEE, FL 32317 US**

**20040866**



04202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3076209</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DAUGHTRY, TAMMY S  
C/O COMMUNITY PROPERTY MANAGEMENT INC  
1815 MICCOSUKEE COMMONS DR SUITE 104  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REDFEARN, K.L.
STREET ADDRESS	132 WHETHERBINE WAY SOUTH
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	PD
NAME	BURKE, BRIDGET
STREET ADDRESS	1117 WAVERLY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	ST
NAME	HECKMAN, CHAD
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR., STE. 104
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

4-20-05 385-0094