

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39110

FILED
Apr 11, 2008
Secretary of State

Entity Name: RICHVIEW TRACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1909 VINEYARD WAY
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

1909 VINEYARD WAY
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3076209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOON, STEPHEN D
1909 VINEYARD WAY
TALLAHASSEE, FL 32317 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: D () Delete
Name: REDFEARN, K.L.
Address: 132 WHETHERBINE WAY SOUTH
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: BURKE-WAMMACK, BRIDGET
Address: 1235 CONSERVANEY DR EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: ST () Delete
Name: MOON, STEPHEN
Address: 1909 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D VP (X) Change () Addition
Name: WAMMACK, KEN
Address: 1235 CONSERVANCY DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D S (X) Change () Addition
Name: BURKE-WAMMACK, BRIDGET
Address: 1235 CONSERVANCY DR EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: D PT (X) Change () Addition
Name: MOON, STEPHEN
Address: 1909 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

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: STEPHEN D. MOON, CPA

PRES

04/11/2008

Electronic Signature of Signing Officer or Director

Date