

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27200

Entity Name: RICHMOND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**CORNERSTONE MANAGEMENT SERVICES
106 NW 33RD COURT SUITE A
GAINESVILLE, FL 32607**Current Mailing Address:**CORNERSTONE MANAGEMENT SERVICES
106 NW 33RD COURT SUITE A
GAINESVILLE, FL 32607 US**FEI Number:** 59-2949516**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNERSTONE MANAGEMENT SERVICES
CORNERSTONE MANAGEMENT SERVICES
106 NW 33RD COURT SUITE A
GAINESVILLE, FL 32607 US*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:** MARIA RAMIREZ

04/09/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--|
| Title | DIRECTOR |
| Name | MILLS, BETH |
| Address | CORNERSTONE MANAGEMENT SERVICES 106 A |
| City-State-Zip: | GAINESVILLE FL 32607 |

| | |
|-----------------|--|
| Title | DIRECTOR |
| Name | SCHMALFUSS, CARSTEN |
| Address | CORNERSTONE MANAGEMENT SERVICES 106 A |
| City-State-Zip: | GAINESVILLE FL 32607 |

| | |
|-----------------|--|
| Title | SECRETARY, TREASURER |
| Name | KROLL, ALAN |
| Address | CORNERSTONE MANAGEMENT SERVICES 106 NW 33RD COURT SUITE A |
| City-State-Zip: | GAINESVILLE FL 32607 |

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|-----------------|--|
| Title | DIRECTOR |
| Name | PRENTICE, TIFFANY |
| Address | CORNERSTONE MANAGEMENT SERVICES 106 NW 33RD COURT SUITE A |
| City-State-Zip: | GAINESVILLE FL 32607 |

| | |
|-----------------|--|
| Title | REGISTERED AGENT |
| Name | RAMIREZ, MARIA |
| Address | CORNERSTONE MANAGEMENT SERVICES 106 NW 33RD COURT SUITE A |
| City-State-Zip: | GAINESVILLE FL 32607 |

I hereby 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 all other like empowered.

SIGNATURE: MARIA RAMIREZ**REGISTERED AGENT**

04/09/2025

Electronic Signature of Signing Officer/Director Detail

Date