2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# N03000000626

Entity Name: 4550 HIGHWAY 20 EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

234 RACETRACK RD NE
FT WALTON BCH, GL 32547

New Principal Place of Business:

4550 HWY 20 EAST
SUITE E
NICEVILLE, FL 32578

Current Mailing Address:

234 RACETRACK RD NE
FT WALTON BCH, GL 32547

New Mailing Address:

4550 HWY 20 EAST
SUITE E
NICEVILLE, FL 32578

FEI Number: 51-0445818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, LORI E
607 HWY 98 E
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

RITZ, THOMAS A
4550 HWY 20 EAST
SUITE E
NICEVILLE, FL 32578 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: THOMAS A RITZ 01/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WALKER, WAYNE
Address: 234 RACETRACK RD NE
City-St-Zip: FT WALTON BCH, GL 32547

Title: DV ( ) Delete
Name: DEES, EARL
Address: 106 REGATTA DR
City-St-Zip: NICEVILLE, FL 32578

Title: DST ( ) Delete
Name: RITZ, THOMAS
Address: 15 NORWICH CIR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change ( ) Addition
Name: RITZ, THOMAS
Address: 405 SPICEBUSH CT.
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS A RITZ DST 01/30/2004
Electronic Signature of Signing Officer or Director Date