2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
4550 HWY 20 EAST NICEVILLE, FL 32578	405 SPICEBUSH COURT NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0445818
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RITZ, THOMAS A
405 SPICEBUSH COURT
NICEVILLE, FL 32578

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WALKER, WAYNE
STREET ADDRESS	234 RACETRACK RD NE
CITY-ST-ZIP	FT WALTON BCH, FL 32547
TITLE	DV
NAME	DEES, EARL
STREET ADDRESS	419 WATERFALL TRAIL
CITY-ST-ZIP	WETUNPKA, AL 36093
TITLE	DST
NAME	RITZ, THOMAS
STREET ADDRESS	405 SPICEBUSH CT.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80005-027 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas A Ritz 2/5/2007 850 837 5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #