


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756644 (1)**  
 1. Corporation Name  
**EAST RICHEY VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>9108 US 19 PORT RICHEY FL 34668</b>	Mailing Address <b>9108 US 19 PORT RICHEY FL 34668-4851</b>
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3. Date incorporated or Qualified <b>03/06/1981</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>59-2894400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

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

**BUERKERT, MARIE C.**  
**9108 US 19**  
**PORT RICHEY FL 34668**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Marie C. Buerkert* DATE *1/21/97*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIRENZO, AUGUST	
STREET ADDRESS	7113 VISTA WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, THEODORE F.	
STREET ADDRESS	6806 KENTUCKY AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WADDELL, JAMES	
STREET ADDRESS	6819 PARKSIDE DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marie C. Buerkert CAM
2.3 STREET ADDRESS	9108 US 19
2.4 CITY-ST-ZIP	Port Richey Fl. 34668
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steve DeDea
4.3 STREET ADDRESS	PO BOX 448
4.4 CITY-ST-ZIP	Port Richey Fl. 34668 N/A
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wesley E. May
5.3 STREET ADDRESS	5997 51st St. S.
5.4 CITY-ST-ZIP	St. Pete Fl. 33715
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Waddell* DATE: *1/21/97* TELEPHONE: *846-0444*

CR2E037 (9/96)