FILE NOW: FILING FEE IS \$61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Feb 18 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF 5 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 756644 EAST RICHEY VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9108 US 19 9100 US 19 3. Date Incorporated or Qualified PORT-PICHEY FL 34666 PORT RICHEY FL 34668 03/06/1981 4. FEI Number Applied For 59-2894400 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 8406 Mass. AVe. 8406 Mass. AVe. Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Suite Bl Suite Bl \Box Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Richey Fl Yes Yes 28 New Port 23 NEw Port Richey Fl Country 8. This corporation owes or has paid the current year Intangible Pasco 34653 34653. Pasco Personal Property Tax due June 30. ☐ No 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUERKERT, MARIE C. 82 Street Address (P.O. Box Number is Not Acceptable) 8406 Mass. Ave. Suite -9108 US 19 83 -- PORT RICHEY FL 34868 City New Port Richey 84 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 any accept the chigatigns of Social 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE TITLE 1.1 TITLE LIRENZO, AUGUST 1.2 NAME NAME 7113 VISTA WAY STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 1.4 CITY+ST-ZIP SPD DELETE Change Addition TITLE 21 TITLE BURERKERT, MARIE C. NAME 2.2 NAME 9108 US 19 STREET ADDRESS 2.3 STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 2 4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WADDELL, JAMES 3.2 NAME NAME 6819 PARKSIDE DR STREET ADDRESS 3.3 STREET ADDRESS PORT RICHEY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE DEDEA, STEVE NAME 4.2 NAME P.O. BOX 448 N/A STREET ADDRESS 4.3 STREET ADDRESS PORT RICHEY FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE MAY, WESLEY E. 5.2 NAME NAME 5997 51ST ST. S. STREET ADDRESS 5.3 STREET ADDRESS ST. PETERSBURG FL 5.4 CITY - ST-ZIP CITY-ST-ZIP

14. I 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**

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

☐ Change

Addition