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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757633 (3)
1. Corporation Name
EAST RICHEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 1236 P.O. BOX 1236
NEW PORT RICHEY FL 34656-8236 NEW PORT RICHEY FL 34656-8236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1981 3a. Date of Last Report 04/15/1994

4. FEI Number 59-2306442 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 6440 * 6441 SENTRY WAY 26
Suite, Apt. #, etc.
22 NEW PORT RICHEY 27
City & State
23 FL 34653 28
City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, SUSAN
8924 CESSNA DR
NEW PORT RICHEY FL 34654

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 300001490483
83 -05/17/95--01039--012
84 City *****130.00 *****130.00
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACKSON, SUSAN
STREET ADDRESS	8924 CESSNA DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	JACKSON, WILLIAM
STREET ADDRESS	8924 CESSNA DRIVE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	GRACE HAYES	
1.3 STREET ADDRESS	6441 SENTRY WAY #5	
1.4 CITY - ST - ZIP	NEW PORT RICHEY FL 34653	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Susan M Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN M JACKSON

3.7.95 813 846 0183
Date Daytime Phone

007428