


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90190 027 ****61.25

DOCUMENT # 757633 1. Entity Name EAST RICHEY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6440 & 6441 SENTRY WAY NEW PORT RICHEY, FL 34653	Mailing Address P.O. BOX 1236 NEW PORT RICHEY, FL 34656-8236
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04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2306442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JACKSON, SUSAN
8924 CESSNA DR
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JACKSON, SUSAN 8924 CESSNA DR NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, WILLIAM 8924 CESSNA DRIVE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HAYES, GRACE 6441 SENTRY WAY #5 NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: Susan Jackson **SUSAN JACKSON** **5.1.04** **7278460183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #