

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90185 007 ****61.25

DOCUMENT # 757633

1. Entity Name
EAST RICHEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6440 & 6441 SENTRY WAY
NEW PORT RICHEY, FL 34653**

Mailing Address
**P.O. BOX 1236
NEW PORT RICHEY, FL 34656-1236**

DO NOT WRITE IN THIS SPACE



04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2306442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05

Date

7278460183

Daytime Phone #