

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757633

FILED  
May 12, 2008  
Secretary of State

**Entity Name:** EAST RICHEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6440 & 6441 SENTRY WAY  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1236  
NEW PORT RICHEY, FL 346568236

**New Mailing Address:**

P.O. BOX 1236  
NEW PORT RICHEY, FL 346561236

**FEI Number:** 59-2306442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: JACKSON, SUSAN,  
Address: 8924 CESSNA DR  
City-St-Zip: NEW PORT RICHEY, FL

Title: PD ( ) Delete  
Name: JACKSON, WILLIAM  
Address: 8924 CESSNA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL

Title: VPD ( ) Delete  
Name: HAYES, GRACE  
Address: 6441 SENTRY WAY #5  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: JACKSON, SUSAN,  
Address: 8924 CESSNA DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD (X) Change ( ) Addition  
Name: JACKSON, WILLIAM  
Address: 8924 CESSNA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN JACKSON

STD

05/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date