

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

DOCUMENT# N03000000626

**FILED**  
**Jan 30, 2004**  
**Secretary of State****Entity Name:** 4550 HIGHWAY 20 EAST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**234 RACETRACK RD NE  
FT WALTON BCH, GL 32547**New Principal Place of Business:**4550 HWY 20 EAST  
SUITE E  
NICEVILLE, FL 32578**Current Mailing Address:**234 RACETRACK RD NE  
FT WALTON BCH, GL 32547**New Mailing Address:**4550 HWY 20 EAST  
SUITE E  
NICEVILLE, FL 32578**FEI Number:** 51-0445818**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WARD, LORI E  
607 HWY 98 E  
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**RITZ, THOMAS A  
4550 HWY 20 EAST  
SUITE E  
NICEVILLE, FL 32578 US

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: THOMAS A RITZ

01/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** WALKER, WAYNE  
**Address:** 234 RACETRACK RD NE  
**City-St-Zip:** FT WALTON BCH, GL 32547**Title:** DV ( ) Delete  
**Name:** DEES, EARL  
**Address:** 106 REGATTA DR  
**City-St-Zip:** NICEVILLE, FL 32578**Title:** DST ( ) Delete  
**Name:** RITZ, THOMAS  
**Address:** 15 NORWICH CIR  
**City-St-Zip:** NICEVILLE, FL 32578**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DST (X) Change ( ) Addition  
**Name:** RITZ, THOMAS  
**Address:** 405 SPICEBUSH CT.  
**City-St-Zip:** NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS A RITZ

DST

01/30/2004

Electronic Signature of Signing Officer or Director

Date