

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90280 040 \*\*\*\*61.25

**DOCUMENT # N03000000626**

1. Entity Name  
**4550 HIGHWAY 20 EAST CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**4550 HWY 20 EAST  
NICEVILLE, FL 32578**

Mailing Address  
**405 SPICEBUSH COURT  
NICEVILLE, FL 32578**

**DO NOT WRITE IN THIS SPACE**



03172006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**51-0445818**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RITZ, THOMAS A  
405 SPICEBUSH COURT  
NICEVILLE, FL 32578**

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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 reappointing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>WALKER, WAYNE<br>234 RACETRACK RD NE<br>FT WALTON BCH, FL 32547 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>DEES, EARL<br>419 WATERFALL TRAIL<br>WETUMPKA, AL 36093         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>RITZ, THOMAS<br>405 SPICEBUSH CT.<br>NICEVILLE, FL 32578       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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:**

*Thomas A. Ritz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/08/06*  
Date

Daytime Phone #