


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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



02052007 No Chg-NP CR2E037 (4/06)

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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 02/15/07-80005-027 61.25

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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* **2/6/2007** **850 837 5788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #