
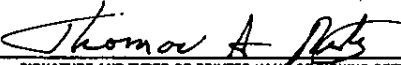


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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		
6. Name and Address of Current Registered Agent RITZ, THOMAS A 405 SPICEBUSH COURT NICEVILLE, FL 32578		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER, WAYNE 234 RACETRACK RD NE FT WALTON BCH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEES, EARL 419 WATERFALL TRAIL WETUNPKA, AL 36093	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RITZ, THOMAS 405 SPICEBUSH CT. NICEVILLE, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		2/6/2007 850 837 5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



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

U000000626145
02/15/07-80005-027 61.25

**DO NOT WRITE
IN THIS SPACE**