


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

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N49684	
1. Entity Name EAST FRIENDSHIP HOME OWNERS ASSOCIATION, INC.	

Principal Place of Business 1609 FRIENDSHIP LANE ZOLFO SPRINGS, FL 33890	Mailing Address 1609 FRIENDSHIP LANE ZOLFO SPRINGS, FL 33890
--	--

DO NOT WRITE IN THIS SPACE



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0339970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELLERS, BENJAMIN SR
1609 FRIENDSHIP LANE
ZOLFO SPRINGS, FL 33890

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000054444
02/16/04-80171-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARMSTRONG, DEANNA PO BOX 1183 N/A ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD ARMSTRONG, JOHN W. PO BOX 1183 N/A ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SELLERS, BENJAMIN SR 1609 FRIENDSHIP LANE ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), 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: *X Benjamin F. Sellers* BENJAMIN SELLERS Sr Pres 2/12/04 863-735-2794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #