


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N49084 1. Entity Name EAST FRIENDSHIP HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1609 FRIENDSHIP LANE ZOLFO SPRINGS, FL 33890	Mailing Address 1609 FRIENDSHIP LANE ZOLFO SPRINGS, FL 33890
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02232005 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

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000250377 03/04/05-80008-015 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Benjamin T Sellers* 2-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #