


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90010 011 ****61.25

DOCUMENT # N03000000005

1. Entity Name
EAST CENTRAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2702 E. CENTRAL BLVD
ORLANDO, FL 32803

Mailing Address
2702 E. CENTRAL BLVD
ORLANDO, FL 32803

24082630

2. Principal Place of Business
2704 E. CENTRAL BLVD.

3. Mailing Address
2704 E. CENTRAL BLVD.

Suite, Apt. #, etc.



07152004 Chg-NP CR2E037 (10/03)

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip Country
32803 U.S.

Zip Country
32803 U.S.

4. FEI Number
36-4528213

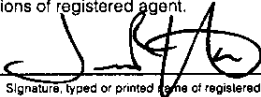
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DE JESUS, GEORGE
2702 E. CENTRAL BLVD
ORLANDO, FL 32803

7. Name and Address of New Registered Agent
 Name **HALLOCK, JUSTIN**
 Street Address (P.O. Box Number is Not Acceptable)
2704 E. CENTRAL BLVD.
 City **ORLANDO, FLORIDA** FL Zip Code **32803**

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  **Justin R. Hallock** **August 18, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JESUS, GEORGE D 2702 E CENTRAL BLVD ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BARBARA KALLENBACH 2702 E. CENTRAL BLVD. ORLANDO FLORIDA 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAGLE, JOSEPH E 11 N. SUMMERLIN AVE STE 100 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JUSTIN HALLOCK 2704 E. CENTRAL BLVD. ORLANDO FLORIDA 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESUS, SAM D 2702 E. CENTRAL BLVD ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAVAN FIGUEROA 2704 E. CENTRAL BLVD. ORLANDO FLORIDA 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Justin R. Hallock** **August 18, 2004** **407.467.0555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #