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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02889** (6)

1. Corporation Name

**SALT SPRINGS MOBILE HOME ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

25240 NE 136TH LANE  
SALT SPRINGS FL 32134

25240 NE 136TH LANE  
SALT SPRINGS FL 32134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1984

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2620494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2b. Mailing Address

21 25315 NE 137<sup>TH</sup> PLACE

26 25315 NE 137<sup>TH</sup> PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SALT SPRINGS

27

City & State

City & State

23 SALT SPRINGS, FL

28 SALT SPRINGS, FL

Zip

Country

Zip

Country

24 32134

25 MARION

29 32134

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRARI ERNEST  
25240 N.E. 136TH LANE  
SALT SPGS. FL 32134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRAAI ERNEST
STREET ADDRESS	25240 N.E. 136TH LANE
CITY-ST-ZIP	SALT SPRINGS FL
TITLE	VD
NAME	DEAN, RONALD
STREET ADDRESS	25330 N.E. 138TH PL.
CITY-ST-ZIP	SALT SPRINGS FL
TITLE	S
NAME	KRAAI EDITH
STREET ADDRESS	25240 N.E. 136TH PL.
CITY-ST-ZIP	SALT SPRINGS FL
TITLE	T
NAME	WENDE, JACK
STREET ADDRESS	25180 N.E. 139TH ST.
CITY-ST-ZIP	SALT SPRINGS FL
TITLE	D
NAME	PETERS, EVA
STREET ADDRESS	25310 N.E. 230TH ST.
CITY-ST-ZIP	SALT SPRINGS FL
TITLE	D
NAME	SARANEN, TONY
STREET ADDRESS	25181 N.E. 139TH ST.
CITY-ST-ZIP	SALT SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONALD SMITH	
1.3 STREET ADDRESS	25315 NE 137 <sup>TH</sup> PLACE	
1.4 CITY-ST-ZIP	SALT SPRINGS, FL 32134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ETHEL PEYTON	
5.3 STREET ADDRESS	25242 NE 137 <sup>TH</sup> PLACE	
5.4 CITY-ST-ZIP	SALT SPRINGS, FL 32134	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John C. Wendt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/95

904 685-2935