


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90375 003 \*\*\*\*61.25

<b>DOCUMENT # N02889</b> 1. Entity Name <b>SALT SPRINGS MOBILE HOME ASSOCIATION, INC.</b>	
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Principal Place of Business <b>25242 NE 137 PLACE SALT SPRINGS FL 32134 US</b>	Mailing Address <b>25242 NE 137 PLACE SALT SPRINGS FL 32134 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2620494</b>	Applied For Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>PEYTON, ETHEL A 25242 NE 137TH PLACE SALT SPRINGS FL 32134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Ethel A. Peyton* **ETHEL A. PEYTON** 4-12-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>IDE, JOHN</b> <b>25210 NE 139 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRANCE, DEWEY</b> <b>25312 NE 137 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PRANCE, DEWEY</b> <b>25312 NE 137 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JANKOWSKI, PAT</b> <b>25230 NE 139 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DINGMAN, HOWARD</b> <b>25265 NE 136 LANE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KIMBERLY, BARBARA</b> <b>25252 NE 137 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PEYTON, ETHEL</b> <b>25242 NE 137 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PEYTON, ETHEL</b> <b>25242 NE 137 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WILLIAMS, JIM</b> <b>25252 NE 139 PLACE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> <b>SAVAGE, FRAN</b> <b>25275 NE 137 LANE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> <b>JANKOWSKI, PAT</b> <b>25275 NE 137 LANE</b> <b>SALT SPRINGS FL 32134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> <b>JORDAN, SHIRLEY</b> <b>25330 NE 137 LANE</b> <b>SALT SPRINGS FL 32134</b>	<input type="checkbox"/> Change <input checked="" 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: *Ethel A. Peyton* **ETHEL A. PEYTON** 4-12-05 352-685-2985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #