

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90062 016 ****61.25



DOCUMENT # N02889
 1. Entity Name
SALT SPRINGS MOBILE HOME ASSOCIATION, INC.

Principal Place of Business
 25242 NE 137 PLACE
 SALT SPRINGS, FL 32134 US

Mailing Address
 25242 NE 137 PLACE
 SALT SPRINGS, FL 32134 US

40000-



2. Principal Place of Business - No P.O. Box #
25230 NE 139 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
25230 NE 139 PLACE
 Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State
SALT SPRINGS FL

City & State
SALT SPRINGS FL

Zip
32134 Country **US**

Zip
32134 Country **US**

4. FEI Number
59-2620494

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PEYTON, ETHEL A
 25242 NE 137TH PLACE
 SALT SPRINGS, FL 32134

7. Name and Address of New Registered Agent
 Name **JANKOWSKI, PATRICIA A.**
 Street Address (P.O. Box Number is Not Acceptable)
25230 NE 139 PLACE
 City **SALT SPRINGS FL** Zip Code **32134**

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: *Patricia A. Jankowski* **PATRICIA A. JANKOWSKI** **04/11/07**
 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 May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRANCE, DEWEY C 25312 NE 137TH PLACE SALT SPRINGS, FL 32134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANKOWSKI, PAT A 25230 NE 139TH PLACE SALT SPRINGS, FL 32134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIMBERLY, BARBARA L 25252 NE 137TH PLACE SALT SPRINGS, FL 32134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, CAROL J 25330 NE 138TH PLACE SALT SPRINGS, FL 32134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORROW, BRENT 25311 NE 138 PLACE SALT SPRINGS FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, PATRICIA A. 25230 NE 139TH PLACE SALT SPRING, FL 32134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMIERI, MARLO 25311 NE 136 LANE SALT SPRINGS FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia A. Jankowski* **PATRICIA A. JANKOWSKI** **04/11/07** **(352) 685-2010**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #