

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02889

FILED
May 12, 2008
Secretary of State

Entity Name: SALT SPRINGS MOBILE HOME ASSOCIATION, INC.

Current Principal Place of Business:

25230 NE 139 PLACE
SALT SPRINGS, FL 32134 US

New Principal Place of Business:

Current Mailing Address:

25242 NE 137 PLACE
SALT SPRINGS, FL 32134 US

New Mailing Address:

25230 NE 139 PLACE
SALT SPRINGS, FL 32134 US

FEI Number: 59-2620494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JANKOWSKI, PATRICIA A
25230 NE 139 PLACE
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MORROW, BRENT
Address: 25311 NE 138 PLACE
City-St-Zip: SALT SPRINGS, FL 32134

Title: P () Delete
Name: JANKOWSKI, PAT A
Address: 25230 NE 139TH PLACE
City-St-Zip: SALT SPRINGS, FL 32134

Title: S () Delete
Name: PALMIERI, MARLO
Address: 25311 NE 136 LANE
City-St-Zip: SALT SPRINGS, FL 32134 US

Title: T () Delete
Name: RUSSELL, CAROL J
Address: 25330 NE 138TH PLACE
City-St-Zip: SALT SPRINGS, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JANKOWSKI, PAT A
Address: 25230 NE 139TH PLACE
City-St-Zip: SALT SPRINGS, FL 32134

Title: V (X) Change () Addition
Name: KING, PAUL
Address: 25310 NE 138TH PLACE
City-St-Zip: SALT SPRINGS, FL 32134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MORROW, BRENT
Address: 25311 NE 138TH PLACE
City-St-Zip: SALT SPRINGS, FL 32134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT A. JANKOWSKI

Electronic Signature of Signing Officer or Director

P

05/12/2008

Date