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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02889 (6)
1. Corporation Name
SALT SPRINGS MOBILE HOME ASSOCIATION, INC.



Principal Place of Business 25331 NE 136TH LANE FT. MCCOY FL 32134 US	Mailing Address 25331 NE 136TH LANE FT. MCCOY FL 32134 US
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3. Date Incorporated or Qualified 05/04/1984		
4. FEI Number 59-2620494	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 25250 NE 138th Place	2a. Mailing Address 26 25250 NE 138th Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Salt Springs, FL	City & State 28 Salt Springs, FL
Zip 24 32134	Country 25 US
Zip 29 32134	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DINGMAN, HOWARD
25331 NE 136TH LANE
FT. MCCOY FL 32134**

10. Name and Address of New Registered Agent

81 Name Williams, F. James	
82 Street Address (P.O. Box Number is Not Acceptable) 25250 NE 138th Place	
83	
84 City Salt Springs	85 Zip Code FL 32134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *F. James Williams* **F. James Williams, President** DATE **3-4-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DINGMAN, HOWARD	
STREET ADDRESS 25331 NE 136TH LANE	
CITY-ST-ZIP FT. MCCOY FL 32134	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SMITH, HOWARD	
STREET ADDRESS 25260 NE 139TH ST.	
CITY-ST-ZIP FT. MCCOY FL 32134	
TITLE SD	<input type="checkbox"/> DELETE
NAME DINGMAN, CAROL	
STREET ADDRESS 25331 NE 136TH LANE	
CITY-ST-ZIP FT. MCCOY FL 32134	
TITLE TD	<input type="checkbox"/> DELETE
NAME VAN BRUGGEN, SHIRLEY	
STREET ADDRESS 25261 NE 137TH PLACE	
CITY-ST-ZIP SALT SPRINGS FL 32134	
TITLE D	<input type="checkbox"/> DELETE
NAME JANONIS, ARLYNE	
STREET ADDRESS 25221 NE 137TH PLACE	
CITY-ST-ZIP SALT SPRINGS FL 32134	
TITLE D	<input type="checkbox"/> DELETE
NAME PEYTON, ETHEL	
STREET ADDRESS 25242 NE 137TH PLACE	
CITY-ST-ZIP SALT SPRINGS FL 32134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME WILLIAMS F. JAMES	
1.3 STREET ADDRESS 25250 NE 138th PLACE	
1.4 CITY-ST-ZIP SALT SPRINGS FL 32134	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME DINGMAN HOWARD	
2.3 STREET ADDRESS 25331 NE 136th LANE	
2.4 CITY-ST-ZIP SALT SPRINGS FL 32134	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *F. James Williams* **F. James Williams, 3-4-98 (352) 685-0919**

CR2E037 (10/97)