FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NO2889

SALT SPRINGS MOBILE HOME ASSOCIATION, INC.

Principal Place of Business									
25250 NE 138TH PLACE SALT SPRINGS FL 32134									



03-05-1999 90112 005 ****61.25

Principal Place of Business Mailing Address											
25250 NE. 138TH PLACE SALT SPRINGS FL 32134 US 25250 NE. 138TH PLACE SALT SPRINGS FL 32134 US US											
2. Principal Pl	ace of Business	2a. Mailing	Address				3. Date Incorporated or Qualifed				
26						_	05/04/1984				
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			plied For	
22		27	27							t Applicable =	
City & State	9	City & \$	City & State				5. Certificate of Status Desired \$8.75 Addition				
Zin Country		28					Fee Required				
Zip	Country	Zip		Cour	ntry		6. Election Campaign Financing		\$5.00 Added t	•	
24	25	29 A Dominton and Ad	3	<u> </u>			Trust Fund Contribution 10. Name and Address of New F	Registered /		0 1865	
	9. Name and Address of Curren	t Registerea A	ent		81	Name	ie. Italie alla Audiesa di Itali	togioio.ee .	-8-11-		
					\perp						
WILLIAMS, JAMES F					82	Street Addre	ss (P.O. Box Number is Not Accepta	ible)			
	I. 138TH PLACE			F	83						
SALI SPR	INGS FL 32134			ļ	\perp				To-T Tip (
					84	City		FL	85 Zip (>00e	
office or ragent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such tions of, Section	change was aut 617.0503, Florid	norized la Statu	by ti	ne corporation	s board of directors, I hereby accep	ot the appoir	atment as re	gistered	
	Signature, typed or printed name of registered ager	nt and title # applicable	(NOTE: R	egistered /	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
12.		ID DIRECTORS	☐ DELETE	1.1 TIT	LF.				Change	Addition	
TITLE	PD			1.2 NA]	
NAME STREET ADDRESS	WILLIAMS, JAMES F 25250 NE 138TH PLACE			1		ADDRESS					
	SALT SPRINGS FL 32134			1.4 CIT		ł					
CITY-ST-ZIP	VD	"-	☐ DELETE	2.1 711					Change	☐ Addition	
NAME	DINGMAN, HOWARD			2.2 NA	ME						
STREET ADDRESS				2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	SALT SPRINGS FL 32134			2.4 CT	TY-ST	-ZIP					
TITLE	SD ST		DELETE -	3.1 111					—[☐] Change=	Addition	
NAME	DINGMAN, CAROL			3.2 NA	MĘ						
STREET ADDRESS				3.3 ST	REET /	ADDRESS		•			
CITY-ST-ZIP	FT. MCCOY FL 32134			3.4. CI	TY-ST	-ZIP					
TITLE	TD		DELETE	4.1 TII	LE				Change	☐ Addition	
NAME	VAN BRUGGEN, SHIRLEY			4. 2 N	ME		•				
STREET ADDRESS	25261 NE 137TH PLACE			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	SALT SPRINGS FL 32134			4.4 CIT		- ZIP			Clohanas	- Addition	
TITLE	D		DELETE	5.1 TIT		}			Change	Addition (
NAME	JANONIS, ARLYNE			5.2 NA		4 DDD500					
STREET ADDRESS	25221 NE 137TH PLACE					ADDRESS				į	
CITY-ST-ZIP	SALT SPRINGS FL 32134		□ ocució	5.4 CIT 6.1 TIT		-ZIP			Change	Addition	
TITLE	D		DELETE	6.2 NA					change		
NAME	PEYTON, ETHEL			1		ADDESO					
STREET ADDRESS				1		ADDRESS				}	
CITY-ST-ZIP	SALT SPRINGS FL 32134			6.4 CIT	17-81-	-214					

14. 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 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, with all other like empowered.