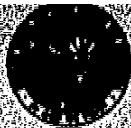


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Brenda B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26**

DOCUMENT # H84929

(9)

1. Corporation Name

WALL SPRINGS MOBILE HOME PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**604 HILLSBOROUGH STREET
PALM HARBOR FL 34683-8631**

Mailing Address

**604 HILLSBOROUGH STREET
PALM HARBOR FL 34683-8631**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1985

3a. Date of Last Report
03/29/1994

4. FEI Number
59-2605743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**SMITH, WANDA
604 HILLSBOROUGH STREET, LOT #11
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOWE, ROBERT
STREET ADDRESS	604 HILLSBOROUGH ST.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	V
NAME	DUCKER, GEORGE
STREET ADDRESS	604 HILLSBOROUGH ST
CITY - ST - ZIP	PALM HARBOR FL
TITLE	S
NAME	SAGE, MARTHA J.
STREET ADDRESS	604 HILLSBOROUGH ST
CITY - ST - ZIP	PALM HARBOR FL
TITLE	T
NAME	MEADE, CHARLENE
STREET ADDRESS	604 HILLSBOROUGH ST
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	MEADE, THOMAS
STREET ADDRESS	604 HILLSBOROUGH ST
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	SCHEREF, MAURICE
STREET ADDRESS	604 HILLSBOROUGH ST
CITY - ST - ZIP	PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	D Smith, Wanda
13 STREET ADDRESS	604 Hillsborough St. Lot 11
14 CITY - ST - ZIP	Palm Harbor, FL, 34683
21 TITLE	☐ Change ☐ Addition
22 NAME	D Hunt, Beresford
23 STREET ADDRESS	604 Hillsborough St. Lot 27
24 CITY - ST - ZIP	Palm Harbor, FL, 34683
31 TITLE	☐ Change ☐ Addition
32 NAME	D
33 STREET ADDRESS	Newtown, Garry
34 CITY - ST - ZIP	604 Hillsborough St. Lot # 14
41 TITLE	☐ Change ☐ Addition
42 NAME	Palm Harbor, FL, 34683
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wanda Smith, Director Wanda Smith*

3/27/95 (813) 934-7631