CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
604 HILLSBOROUGH STREET PALM HARBOR FL 34683-8631	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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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. 199.032, Florida Statutes ☒ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☐ Addition
NAME	HOWE, ROBERT	12 NAME	Smith, Wanda
STREET ADDRESS	604 HILLSBOROUGH ST.	13 STREET ADDRESS	604 Hillsborough St. Lot 11
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	Palm Harbor, Fl. 34683
TITLE	V	21 TITLE	D ☐ Change ☐ Addition
NAME	DUCKER, GEORGE	22 NAME	Hunt, Beresford
STREET ADDRESS	604 HILLSBOROUGH ST	23 STREET ADDRESS	604 Hillsborough St. Lot 27
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	Palm Harbor, Fl. 34683
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SAGE, MARTHA J.	32 NAME	D
STREET ADDRESS	604 HILLSBOROUGH ST	33 STREET ADDRESS	Newtown, Garry
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	604 Hillsborough St. Lot # 14 Palm Harbor, Fl. 34683
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	~~MEADE, CHARLENE~~	42 NAME	
STREET ADDRESS	~~604 HILLSBOROUGH ST~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~PALM HARBOR FL~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	~~MEADE, THOMAS~~	52 NAME	
STREET ADDRESS	~~604 HILLSBOROUGH ST~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~PALM HARBOR FL~~	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SCHEREF, MAURICE	62 NAME	
STREET ADDRESS	604 HILLSBOROUGH ST	63 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	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 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number