FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90141 027 ***150.00

DOCUMENT # H84929

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 Qualifed: 11/13/1985

4. FEI Number: 59-2605743 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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: McLEOD, ROGER
82 Street Address (P.O. Box Number is Not Acceptable): 604 Hillsborough St. Lot # 36
83: Palm Harbor, Fl. 34683
84 City: **FL** 85 Zip Code: 34683

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: Roger McLeod — 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEADE, CHARLENE 604 HILLSBOROUGH ST PALM HARBOR FL 34683	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD, LEROY 604 HILLSBOROUGH ST PALM HARBOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARN, RALPH 604 HILLSBOROUGH ST PALM HARBOR FL 34683	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLAN, MARJORIE 604 HILLSBOROUGH ST PALM HARBOR FL 34683	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director SCHERF, JAURICE 604 Hillsborough St. Lot # 19 Palm Harbor, Fl. 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWTON, GARRY 604 HILLSBOROUGH STREET PALM HARBOR FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Vice President HOWARD, DONALD 604 Hillsborough Street Lot # 51 Palm Harbor, Fl. 34683	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUACKENBUSH, EUGENE 604 HILLSBOROUGH ST PALM HARBOR FL 34683	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director MILLER, JOYCE 604 Hillsborough St. Lot #23 Palm Harbor, Fl. 34683	☐ Change ☒ Addition

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 607, 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.

SIGNATURE: LeRoy Howard — LeRoy Howard — 3/15/99 — 727-938-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)