

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003491

FILED
Apr 27, 2006
Secretary of State

Entity Name: SALT SPRINGS RESORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

14100 NORTH HIGHWAY 19
SUTIE A
SALT SPRINGS, FL 32134

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5249
SALT SPRINGS, FL 32134

New Mailing Address:

POST OFFICE BOX 5289
SALT SPRINGS, FL 32134

FEI Number: 20-1088571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLAN, BRIAN F
14100 NORTH HIGHWAY 19
SUTIE A
SALT SPRINGS, FL 32134 US

Name and Address of New Registered Agent:

MAYER, EDUARD
14100 NORTH HIGHWAY 19
SUTIE A
SALT SPRINGS, FL 32134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDUARD MAYER

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOLAN, BRIAN D
Address: 14100 N HWY 19
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: MACKAY, GEORGE D
Address: 501 PAWNEE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MACKAY, DAVID D
Address: 2801 SW COLLEGE ROAD STE 9
City-St-Zip: OCALA, FL 34478

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LIZOTTE, GREG
Address: 14100 N HWY 19
City-St-Zip: SALT SPRINGS, FL 32134

Title: DST (X) Change () Addition
Name: MAYER, ROSEANNE
Address: 14100 N HWY 19
City-St-Zip: SALT SPRINGS, FL 32134

Title: DVP () Change (X) Addition
Name: MAYER, EDUARD
Address: 14100 N HWY 19
City-St-Zip: SALT SPRINGS, FL 32134

Title: DP () Change (X) Addition
Name: TROMLEY, JOHN
Address: 14100 N HWY 19
City-St-Zip: SALT SPRINGS, FL 32134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARD MAYER

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date