

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007714

FILED
Apr 27, 2009
Secretary of State

Entity Name: SALT SPRINGS RESORT COTTAGES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14100 N HIGHWAY 19
SUITE A
SALT SPRINGS, FL 32134

New Principal Place of Business:

14100 NORTH HIGHWAY 19
SUITE A
SALT SPRINGS, FL 32134

Current Mailing Address:

14100 N HIGHWAY 19
PO BOX 5489
SALT SPRINGS, FL 32134

New Mailing Address:

14100 NORTH HIGHWAY 19
PO BOX 5489
SALT SPRINGS, FL 32134

FEI Number: 41-2211255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKATES, JEFFREY P
1950 LAUREL MANOR DRIVE
SUITE 140
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

SKATES, JEFFREY P ESQ
1950 LAUREL MANOR DRIVE
SUITE 140
THE VILLAGES, FL 32162 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: JEFFREY P SKATES, ESQ

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MAYER, EDUARD J
Address: 14100 N HIGHWAY 19, SUITE A
City-St-Zip: SALT SPRINGS, FL 32134

Title: VPD () Delete
Name: MAYER, ROSEANNE
Address: 14100 N HIGHWAY 19, SUITE A
City-St-Zip: SALT SPRINGS, FL 32134

Title: TD () Delete
Name: MAYER, ANNEMARIE E
Address: 14100 NORTH HIGHWAY 19, SUITE A
City-St-Zip: SALT SPRINGS, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MAYER, EDUARD J
Address: 14100 NORTH HIGHWAY 19, SUITE A
City-St-Zip: SALT SPRINGS, FL 32134

Title: VPD (X) Change () Addition
Name: MAYER, ROSEANNE F
Address: 14100 NORTH HIGHWAY 19, SUITE A
City-St-Zip: SALT SPRINGS, FL 32134

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

I hereby certify that the information supplied with this filing does not qualify 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: ROSEANNE MAYER

VPD

04/27/2009

Electronic Signature of Signing Officer or Director

Date