

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29109 (8)

1. Corporation Name

SPRING BAY MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% LEE RUSSELL
4136 FOXWOOD TRAIL
DELAND FL 32724

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4136 FOXWOOD TRAIL
DELAND FL 32724
US

3. Date Incorporated or Qualified
11/03/1988

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2930705

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

10. Name and Address of New Registered Agent

RUSSELL, LEE
4136 FOXWOOD TR
DELAND FL 32724

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Lee Russell V.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **NALL, ROBERT**
STREET ADDRESS **4136 WINTER WOOD RUN**
CITY-ST-ZIP **DELAND FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **NALL, ROBERT**
1.3 STREET ADDRESS **4136 WINTERWOOD RUN**
1.4 CITY-ST-ZIP **DELAND, FL** ☐ Change ☒ Addition

TITLE **D** ☒ DELETE
NAME **HESS, GEORGE**
STREET ADDRESS **3113 HICKORY TREE LANE**
CITY-ST-ZIP **DELAND FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DAVID RAYMOND**
2.3 STREET ADDRESS **3108 HICKORY TREE LANE**
2.4 CITY-ST-ZIP **DELAND, FL** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **MILLER, DORIS J.**
STREET ADDRESS **3109 WHISPER BLVD.**
CITY-ST-ZIP **DELAND FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **BARBARA HEMPFLING**
3.3 STREET ADDRESS **3144 HICKORY TREE LANE**
3.4 CITY-ST-ZIP **DELAND, FL 32724** ☐ Change ☒ Addition

TITLE **VD** ☒ DELETE
NAME **METZING, CHARLIE**
STREET ADDRESS **4104 WINTERWOOD RUN**
CITY-ST-ZIP **DELAND FL**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **FRED HOLLAMBY**
4.3 STREET ADDRESS **2999 TURTLE DOVE TRAIL**
4.4 CITY-ST-ZIP **DELAND, FL** ☐ Change ☐ Addition

TITLE **PD** ☒ DELETE
NAME **RUSSELL, LEE**
STREET ADDRESS **4136 FOXWOOD TR**
CITY-ST-ZIP **DELAND FL**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **LEE RUSSELL**
5.3 STREET ADDRESS **4136 FOXWOOD TRAIL**
5.4 CITY-ST-ZIP **DELAND, FL** ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **MOGK, JANICE**
STREET ADDRESS **3134 PINE RUN TRAIL**
CITY-ST-ZIP **DELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lee Russell V.D.

LEE RUSSELL

Date

Daytime Phone #

2-15-96 904 734 4945

CR2E037 (12/95)