FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:38

DOCUMENT # **N36572** **(8)**

1. Corporation Name

WELAKA MOBILE HOME SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HAROLD F. BROWN P.O. BOX 348 SATSUMA FL 32189	% HAROLD F. BROWN P.O. BOX 348 SATSUMA FL 32189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1990
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2747904 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 PO Box 68	26 PO Box 68
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Satsuma, FL	City & State 28 Satsuma, FL
Zip 24 32189 Country 25 Putnam	Zip 29 32189 Country 30 Putnam

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOURNEY FRANK
102 SEMINOLE ST., P.O. BOX 69
SATSUMA FL 32189

10. Name and Address of New Registered Agent

81 Name: Herbert Tremblay
82 Street Address (P.O. Box Number is Not Acceptable): 806 Algonquin St
83 P.O. Box 184
84 City: Satsuma FL 85 Zip Code: 32189

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: Herbert Tremblay DATE: 2/27/95
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	D	11 TITLE	Vice President ☐ Change ☒ Addition
NAME	SAGUI HAZEL	12 NAME	Foy, Tony
STREET ADDRESS	107 NAVAJO ST. P.O. BOX 281	13 STREET ADDRESS	806 Algonquin St ~~P.O. Box 85~~
CITY-ST-ZIP	SATSUMA FL 32189 out	14 CITY-ST-ZIP	Satsuma, Fl 32189
TITLE	D	21 TITLE	Recording Secretary ☐ Change ☒ Addition
NAME	CELMEN, BETTY MARIE	22 NAME	Loete Haunette
STREET ADDRESS	201 OSCEOLA AVE. PO. BOX 238	23 STREET ADDRESS	115 Navajo St
CITY-ST-ZIP	SATSUMA FL 32189 OK	24 CITY-ST-ZIP	Satsuma, Fl 32189
TITLE	D	31 TITLE	Treasurer ☐ Change ☒ Addition
NAME	LYNCH CARL	32 NAME	Gibbs, Robert
STREET ADDRESS	112 MINGO CT., P.O. 119	33 STREET ADDRESS	109 Seminole St ~~P.O. Box 430~~
CITY-ST-ZIP	SATSUMA FL 32189 OK	34 CITY-ST-ZIP	Satsuma, Fl 32189
TITLE		41 TITLE	Director ☐ Change ☒ Addition
NAME		42 NAME	Carpenter, Kenneth
STREET ADDRESS		43 STREET ADDRESS	11 B Cherokee St
CITY-ST-ZIP		44 CITY-ST-ZIP	Satsuma, Fl 32189
TITLE		51 TITLE	Director ☒ Change ☐ Addition
NAME		52 NAME	Celmen, Betty Marie
STREET ADDRESS		53 STREET ADDRESS	201 Osceola Ave ~~P.O. Box 238~~
CITY-ST-ZIP		54 CITY-ST-ZIP	Satsuma, Fl 32189
TITLE		61 TITLE	Director ☒ Change ☐ Addition
NAME		62 NAME	Lynch, Carl
STREET ADDRESS		63 STREET ADDRESS	112 Mingo Ct ~~P.O. Box 119~~
CITY-ST-ZIP		64 CITY-ST-ZIP	Satsuma, Fl 32189

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: Herbert Tremblay Pres 2-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024711