FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N36572 (8)

1. Corporation Name

WELAKA MOBILE HOME SUBDIVISION PROPERTY OWNERS A SSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 68 ~~P.O. BOX 348~~ SATSUMA FL 32189 US	P O BOX 68 ~~P.O. BOX 348~~ SATSUMA FL 32189 US

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 Country ___

2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

3. Date Incorporated or Qualified: 02/06/1990

3a. Date of Last Report: 03/30/1995

4. FEI Number: 59-2747904 ☐ 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**

TROMBLEY, HERBERT
206 ALGONQUIN ST
P O BOX 104
SATSUMA FL 32189

10. **Name and Address of New Registered Agent**

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 ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	FOY, TONY	
STREET ADDRESS	206 ALGONQUIN ST	
CITY-ST-ZIP	SATSUMA FL	
TITLE	D	☐ DELETE
NAME	CELMEN, BETTY MARIE	
STREET ADDRESS	201 OSCEOLA AVE. PO. BOX 238	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	☐ DELETE
NAME	LYNCH CARL	
STREET ADDRESS	112 MINGO CT., P.O. 119	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	☐ DELETE
NAME	CARPENTER, KENNETH	
STREET ADDRESS	113 CHEROKEE ST	
CITY-ST-ZIP	SATSUMA FL	
TITLE	RS	☐ DELETE
NAME	LOCKE, LAURETTE	
STREET ADDRESS	115 NAVAJO ST	
CITY-ST-ZIP	SATSUMA F	
TITLE	T	☐ DELETE
NAME	GIBBS, ROBERT	
STREET ADDRESS	109 SEMINOLE ST	
CITY-ST-ZIP	SATSUMA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 Trombley Pres 1/20/96 904-649-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #