

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90030 037 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT #N41510		SSN, INC.		H	010E
1. Entity Name FORT MEADE MOBILE HOME OWNERS ASSN., INC					
Principal Place of Business 1010 E BROADWAY FT. MEADE, FL 33841 US			Mailing Address 1024 MICHIGAN ST. SE FORT MEADE, FL 33841 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3044269	
Zip Country		Zip		Country	
				5. Certificate of Status Desired D \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Russell Maki 1024 Michigan ST, SE FORT MEADE, FL 33841			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			FL		
			Zip Code		
8. 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. I am familiar with, and accept the obligations of, registered agent.					
Signature, Typed or printed name of (registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. D Added to Fees Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME PD X Delete			TITLE NAME PD X Addition		
STREET YOUNG, RUSS 1013 MICHIGAN			STREET Maki, Russell		
ADDRESS ST., SE. FORT MEADE, FL 33841			ADDRESS 1024 Michigan st se		
CITY-ST-ZIP			CITY-ST-ZIP Fort Meade FL 33841D Chan		
TITLE NAME V X Delete			TITLE NAME V X Addition		
STREET MAKI, RUSSELL 1024 MICHIGAN			STREET AD Everson, Ralph		
ADDRESS ST. SE FORT MEADE, FL 33841			DRESS 1031 New York st se		
CITY-ST-ZIP			CITY-ST-ZIP Fort meade, FL 33841		
TITLE NAME S X Delete			TITLE NAME S X Addition		
STREET EVERSEN, FLORENCE 1022 NEW			STREET Cline, Arthur L.		
ADDRESS YORK ST. SE FORT MEADE, FL			ADDRESS 1004 2nd st se		
CITY-ST-ZIP 33841			CITY-ST-ZIP Fort Meade FL, 33841		
TITLE NAME T X Delete			TITLE NAME T X Addition		
STREET HARRISON, DOROTHY 201			STREET HARRISON, DOROTHY		
ADDRESS EDGEWOOD CIRCLE FT. MEADE,			ADDRESS 201 EDGEWOOD CIRCLE FT. MEADE, FL 33841		
CITY-ST-ZIP FL 33841			CITY-ST-ZIP		
TITLE NAME D Delete			TITLE NAME QChan ge D Addition		
STREET			STREET AD		
ADDRESS			DRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME D Delete			TITLE NAME QChan ge D Addition		
STREET			STREET		
ADDRESS			ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information on this report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if or on an attachment with an address, with all other like empowered.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day me Phone # SIGNATURE <u>ARTHUR L. CLINE</u> <u>Arthur L. Cline</u> <u>6 Feb 2006</u> <u>868-398-6005</u>					

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40011338



<b>DOCUMENT # N41510</b> 1. Entity Name <b>FORT MEADE MOBILE HOME OWNERS ASSN., INC.</b>					
Principal Place of Business <b>1010 E BROADWAY FT. MEADE, FL 33841 US</b>			Mailing Address <b>1013 MICHIGAN ST. SE FORT MEADE, FL 33841 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3044269</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>YOUNG, RUSS 1043 INDIANA ST S.E FORT MEADE, FL 33841</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD YOUNG, RUSS 1013 MICHIGAN ST., SE. FORT MEADE, FL 33841</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAKI, RUSSELL 1024 MICHIGAN ST. SE FORT MEADE, FL 33841</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EVERSEN, FLORENCE 1022 NEW YORK ST. SE FORT MEADE, FL 33841</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARRISON, DOROTHY 201 EDGEWOOD CIRCLE FT. MEADE, FL 33841</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					