2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84929

Entity Name: WALL SPRINGS MOBILE HOME PARK HOMEOWNER'S

ASSOCIATION, INC.

Current Principal Place of Business:

604 HILLSBOROUGH STREET PALM HARBOR, FL 34683

Current Mailing Address:

604 HILLSBOROUGH STREET PALM HARBOR, FL 34683 US

FEI Number: 59-2605743 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAUMANN, FRAN 604 HILLSBOROUGH ST LOT 26 PALM HARBOR, FL 34683 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: FRAN NAUMANN 02/04/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name MANIACEK, PAUL Name HECHT, HOWARD

604 HILLSBOROUGH ST 604 HILLSBOROUGH ST Address Address LOT 22

LOT 18

City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

VΡ Title **DIRECTOR** Title

Name GULDEN, LEONARD Name GOTTS, TIM

604 HILLSBOROUGH ST 604 HILLSBOROUGH ST Address Address

LOT 36 LOT 35

PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683 City-State-Zip:

DIRECTOR **SECRETARY** Title Title

Name BASHANT, STEVE Name TROTTIER, MARY JEAN

Address 604 HILLSBOROUGH ST Address 604 HILLSBOROUGH STREET

> LOT 2 LOT 20

City-State-Zip: PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683

Title **PRESIDENT**

Name SARKISIAN, GEORGE

Address 604 HILLSBOROUGH STREET

LOT 12

PALM HARBOR FL 34683 City-State-Zip:

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY JEAN TROTTIER **SECRETARY** 02/04/2021

Date

FILED Feb 04, 2021

Secretary of State

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