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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:24

DOCUMENT # **N37496** **(9)**

1. Corporation Name

SPRING HILL MOBILE HOME OWNER'S ASSOCIATION, INC

Principal Place of Business	Mailing Address
18 IMPERIAL DR N MULBERRY FL 33860	18 IMPERIAL DR N MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-3020304 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

SMITH, ANN
18 IMPERIAL DR N
MULBERRY FL 33860

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 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 _____ DATE
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	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LEVY, GERALD	1.2 NAME	HALVORSON HARVEY	
STREET ADDRESS	40 IMPERIAL DR.	1.3 STREET ADDRESS	9 IMPERIAL DR. WEST	
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	MULBERRY FL.	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	NOVACK, STEVE	2.2 NAME	COOK ROBERT	
STREET ADDRESS	115 WINDSOR LANE	2.3 STREET ADDRESS	7 IMPERIAL DR. WEST	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	MULBERRY FL.	
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	TAGGART, WILLIAM E.	3.2 NAME		
STREET ADDRESS	185 IMPERIAL DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, ANN	4.2 NAME	BOSWELL JANISE	
STREET ADDRESS	18 IMPERIAL DR.	4.3 STREET ADDRESS	47 IMPERIAL DR. E.	
CITY-ST-ZIP	MULBERRY FL	4.4 CITY-ST-ZIP	MULBERRY FL.	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDREW, CHARLES	5.2 NAME	RADOWICK JEANE	
STREET ADDRESS	189 IMPERIAL DR NORTH	5.3 STREET ADDRESS	47 IMPERIAL DR. N.	
CITY-ST-ZIP	MULBERRY FL	5.4 CITY-ST-ZIP	MULBERRY FL.	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	YOUNG, TOM	6.2 NAME	BOSWELL, RICHARD	
STREET ADDRESS	124 ARECA DR.	6.3 STREET ADDRESS	47 IMPERIAL DR. E.	
CITY-ST-ZIP	MULBERRY FL	6.4 CITY-ST-ZIP	MULBERRY FL	

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)(i), 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: WILLIAM E. TAGGART TREAS William E. Taggart 3/6/95 813 425 4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000189