

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 # 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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, ANN
18 IMPERIAL DR N
MULBERRY FL 33860**

81 Name

JANICE A. BOSWELL

82 Street Address (P.O. Box Number is Not Acceptable)

48 IMPERIAL DR. E.

83

84 City

MULBERRY

FL

85 Zip Code

33860

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 **JANICE A. BOSWELL, SEC.** *Janice A. Boswell*

04-29-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P HALVORSON, HARVEY**
STREET ADDRESS **9 IMPERIAL DR. WEST**
CITY-ST-ZIP **MULBERRY FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **V COOK, ROBERT**
STREET ADDRESS **7 IMPERIAL DR. WEST**
CITY-ST-ZIP **MULBERRY FL**

2.2 NAME **LES DEAN**
2.3 STREET ADDRESS **45 IMPERIAL DR. E.**
2.4 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **DT TAGGART, WILLIAM E.**
STREET ADDRESS **185 IMPERIAL DR.**
CITY-ST-ZIP **MULBERRY FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **SD BOSWELL, JANISE**
STREET ADDRESS **48 IMPERIAL DR. E.**
CITY-ST-ZIP **MULBERRY FL**

4.2 NAME
4.3 STREET ADDRESS **000001820120**
4.4 CITY-ST-ZIP **-05/14/96--01046--017**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D RADOWICK, JEANE**
STREET ADDRESS **24 IMPERIAL DR. N.**
CITY-ST-ZIP **MULBERRY FL**

5.2 NAME *****61.25**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **D BOSWELL, RICHARD**
STREET ADDRESS **48 IMPERIAL DR. E.**
CITY-ST-ZIP **MULBERRY FL**

6.2 NAME **STANLEY DISHON**
6.3 STREET ADDRESS **187 IMPERIAL DR. N**
6.4 CITY-ST-ZIP **MULBERRY FL 33860**

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: *William E. Taggart* **WILLIAM E. TAGGART** **4/16/96** **941 425 4940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)