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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N37496

(9)

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						
				3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last Report 03/31/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21]		26		59-3020304	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	a	City & State			Fee Required	
13		28		6. Election Gampaign Financing Trust Fund Contribution	\$5.00 May Be	
Ζφ	Country	Zip	Country	This corporation has liability for	Added to Fees	
24	25		30		Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name	JANICE A BOST	NEIL	
SMITH, ANN			82 Street	Address (P.O. Box Number is Not Acceptal	ole)	
18 IMPERIAL DR N				48 IMPERIAL DR.	E	
MULBER	RY FL 33860		83			
			84 City		85 Zip Code	
11. Pursuant t	to the provisions of Sections 617,050	Y2 and 617 1508 Florida Statutos	the above paged of	MULBERRY orporation submits this statement for the purious directors. I hereby accept the app L	FL 33860	
or register	ed agent, or both, in the State of Flor	rida. Such change was authorized	, the above-harried co by the corporation's	orporation submits this statement for the purification of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am	
ramiliar wi	th, and accept the obligations of, Sec	Stion 617.0503, Florida Statutes		R	A 1 10 01	
SIGNATURE \	Signature, typed or printed name of registered age	ELL, DEC. MORE	Registered Agent signature	Daswell mount when reinstance	04-29-96	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1 1 TITLE		Change Addition	
NAME	HALVORSON, HARVEY		1.2 NAME			
STREET ADDRESS	9 IMPERIAL DR. WEST		1 3 STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL		1.4 CITY - ST - ZIP			
TITLE	V			ļ. g		
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	COOK, ROBERT	☐ DELETE	2.1 TITLE 2.2 NAME	LES DEAN		
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CITY-ST-ZIP	7 IMPERIAL DR. WEST MULBERRY FL		2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP		R. 12 33860	
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CITY-ST-ZIP TITLE NAME	7 IMPERIAL DR. WEST MULBERRY FL DT TAGGART, WILLIAM E.		2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-7IP 31 TITLE 32 NAME	45 IMPERIAL D	R. 12 33860	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	7 IMPERIAL DR. WEST MULBERRY FL DT TAGGART, WILLIAM E. 185 IMPERIAL DR.		2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-7IP 31 TITLE 32 NAME 33 STREET ADDRESS	45 IMPERIAL D	R. 12 33860	
CITY-ST-ZIP TITLE NAME	7 IMPERIAL DR. WEST MULBERRY FL DT TAGGART, WILLIAM E. 185 IMPERIAL DR. MULBERRY FL		2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-7IP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-7IP	45 IMPERIAL D	R. 1三 33分との □ Change □ Addition	
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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. Jag and WILLIAM E. TAGGART 4/16/96 441 425 4490 SIGNATURE AND TYPED OR PRINTED HYPEOF SIGNING OFFICER OR DIRECTOR

32E037 (12/95)