

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37496
Entity Name
SPRING HILL MOBILE HOME OWNER'S ASSOCIATION, INC

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90078 031 ****61.25

Principal Place of Business
WINDSOR LANE
FL 33860

Mailing Address
185 IMPERIAL DR. N
MULBERRY FL 33860-9088

913020



Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
92 Windsor Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Mulberry FL

Zip
33860

Country
USA

4. FEI Number
59-3020304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KEOUGH, MARTHA
92 WINDSOR LANE
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name

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

City
FL

Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOWNNEY, FAYE		NAME	
155 SABEL LANE		STREET ADDRESS	
MULBERRY FL 33860		CITY-ST-ZIP	
V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SCHNIEDER, ROBERT J		NAME	VD
119 ARECA DR		STREET ADDRESS	WILKINSON, RICHARD A.
MULBERRY FL 33860		CITY-ST-ZIP	160 SABLE LANE MULBERRY FL 33860
DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KEOUGH, MARTHA		NAME	
92 WINDOR LANE		STREET ADDRESS	
MULBERRY FL 33860		CITY-ST-ZIP	
D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
WILKINSON, RICHARD A		NAME	D
160 SABLE LANE		STREET ADDRESS	BRENDA ROSE
MULBERRY FL 33860		CITY-ST-ZIP	118 ARECA DR. MULBERRY FL. 33860
SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PILKINS, CINDY		NAME	SD
144 SABEL LANE		STREET ADDRESS	TERESA NEELY
MULBERRY FL 33860		CITY-ST-ZIP	16 IMPERIAL DR. MULBERRY FL. 33860
D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
HALL, JERRY		NAME	D
181 IMPERIAL DRIVE		STREET ADDRESS	PATRICIA FILIPPI
MULBERRY FL 33860		CITY-ST-ZIP	37 IMPERIAL DR. MULBERRY FL. 33860

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Martha J. Keough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-24-00
Daytime Phone # 425-2008