

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37496

1. Entity Name

SPRING HILL MOBILE HOME OWNER'S ASSOCIATION, INC

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90077 001 ****61.42

Principal Place of Business

92 WINDSOR LANE
MULBERRY FL 33860

Mailing Address

92 WINDSOR LANE
MULBERRY FL 33860

2. Principal Place of Business

151 Sabel Ln.
Suite, Apt. #, etc.
Mulberry, FL
City & State

3. Mailing Address

151 Sabel Ln.
Suite, Apt. #, etc.
Mulberry, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3020304

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33860

Country USA

Zip 33860

Country USA

6. Name and Address of Current Registered Agent

FLIPPO, PATRICIA
145 SAREL 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

8. 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

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILKINSON, RICHARD
STREET ADDRESS 183 IMPERIAL DR NORTH
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE VD
NAME KEOUGH, MARTHA
STREET ADDRESS 92 WINDOR LANE
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE DT
NAME FLIPPO, PATRICIA
STREET ADDRESS 145 SABEL LANE
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D
NAME ROSE, BRENDA
STREET ADDRESS 118 ARECA DR
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE SD
NAME NEELY, TERESA
STREET ADDRESS 16 IMPERIAL DR
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D
NAME MASSOW, CAROL
STREET ADDRESS 27 IMPERIAL DR NORTH
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME Sammie F. Morphis
STREET ADDRESS 151 Sabel Lane
CITY-ST-ZIP Mulberry, FL 33860 ☒ Change ☐ Addition

TITLE D
NAME Patricia Sanborn
STREET ADDRESS 48 Imperial Dr.
CITY-ST-ZIP Mulberry, FL 33860 ☒ Change ☐ Addition

TITLE SD
NAME Brenda Rose
STREET ADDRESS 119 Areca Dr.
CITY-ST-ZIP Mulberry, FL 33860 ☒ Change ☐ Addition

TITLE D
NAME Faye Downey
STREET ADDRESS 155 Sabel Ln
CITY-ST-ZIP Mulberry, FL 33860 ☒ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)