2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N37496

1. Entity Name
SPRING HILL MOBILE HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7500 S COUNTY LINE RD MULBERRY, FL 33860 US	142 ARECA DR MULBERRY, FL 33860

02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWEN, ELAINE
142 ARECA DR
MULBERRY, FL 33860

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elaine Bowen 2/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVY, GERALD
STREET ADDRESS	40 IMPERIAL DR EAST
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	V
NAME	BOWAN, MIKE
STREET ADDRESS	142 ARECA DR
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	T
NAME	MARTIN, ELAINE
STREET ADDRESS	157 SABLE LANE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	S
NAME	BOWEN, ELAINE
STREET ADDRESS	142 ARECA DR
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	D
NAME	WARNER, RICO
STREET ADDRESS	173 SABEL LANE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	D
NAME	DELMONICO, FLORENCE
STREET ADDRESS	135 ARECA DRIVE
CITY-ST-ZIP	MULBERRY, FL 33860

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030505-80036-014 70.00

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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: Elaine Bowen Elaine Bowen 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #