

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90009 033 \*\*\*\*70.00

**DOCUMENT # N37496**

1. Entity Name

SPRING HILL MOBILE HOME OWNER'S ASSOCIATION,  
INC.



Principal Place of Business

7500 S COUNTY LINE RD  
MULBERRY, FL 33860 US

Mailing Address

142 ARECA DR  
MULBERRY, FL 33860

**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-NP

CR2E037 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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**

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

*Elaine Bowen*

(NOTE: Registered Agent signature required when reinstating)

*Jan. 20, 2006*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Gerald Levy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #