


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90005 027 \*\*\*\*70.00

<b>DOCUMENT # N37496</b> 1. Entity Name <b>SPRING HILL MOBILE HOME OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>7500 S COUNTY LINE RD MULBERRY, FL 33860 US</b>			Mailing Address <b>142 ARECA DR MULBERRY, FL 33860</b>		
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOWEN, ELAINE 142 ARECA DR MULBERRY, FL 33860</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Elaine Bowen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-1-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, GERALD 40 IMPERIAL DR EAST MULBERRY, FL 33860 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWAN, MIKE 142 ARECA DR MULBERRY, FL 33860 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, ELAINE 157 SABLE LANE MULBERRY, FL 33860 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWEN, ELAINE 142 ARECA DR MULBERRY, FL 33860 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, RICO 173 SABEL LANE MULBERRY, FL 33860 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA WORTHINGTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 67 Imperial Dr. S mulberry, FL 33860	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELMONICO, FLORENCE 135 ARECA DRIVE MULBERRY, FL 33860 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Gerald Levy</i></u> <b>GERALD LEVY</b> P			Date <u>3/27/07</u> Daytime Phone # <u>863-425-3095</u>		