

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37496

FILED
Feb 25, 2008
Secretary of State

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

Current Principal Place of Business:

7500 S COUNTY LINE RD
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

142 ARECA DR
MULBERRY, FL 33860

New Mailing Address:

136 ARECA DR
MULBERRY, FL 33860

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, ELAINE
142 ARECA DR
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

PIKE, LESUA
136 ARECA DR
MULBERRY, FL 33860 US

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: LESUA PIKE

02/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVY, GERALD
Address: 40 IMPERIAL DR EAST
City-St-Zip: MULBERRY, FL 33860

Title: V () Delete
Name: BOWAN, MIKE
Address: 142 ARECA DR
City-St-Zip: MULBERRY, FL 33860

Title: T () Delete
Name: MARTIN, ELAINE
Address: 157 SABLE LANE
City-St-Zip: MULBERRY, FL 33860

Title: S () Delete
Name: BOWEN, ELAINE
Address: 142 ARECA DR
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: WORTHINGTON, DONNA
Address: 67 IMPERIAL DR S
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: DELMONICO, FLORENCE
Address: 135 ARECA DRIVE
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PIKE, LESUA
Address: 136 ARECA DR
City-St-Zip: MULBERRY, FL 33860

Title: V (X) Change () Addition
Name: MOSSOW, CAROL
Address: 127 IMPERIAL DR N
City-St-Zip: MULBERRY, FL 33860

Title: T (X) Change () Addition
Name: DELMONICO, FLORENCE
Address: 135 ARECA DR
City-St-Zip: MULBERRY, FL 33860

Title: S (X) Change () Addition
Name: PIKE, L
Address: 136 ARECA DR
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change () Addition
Name: FILIPE, PAT
Address: 145 SABLE LN
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change () Addition
Name: JONES, LUCILLE
Address: 156 SABLE LN
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESUA PIKE

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date