

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 02, 2008
Secretary of State

DOCUMENT# N37496

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:**136 ARECA DR
MULBERRY, FL 33860**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PIKE, LESUA
136 ARECA DR
MULBERRY, FL 33860 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARTIN, ELAINE
Address: 157 SABLE LN
City-St-Zip: MULBERRY, FL 33860

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

05/02/2008

Electronic Signature of Signing Officer or Director

Date