

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06271** (3)
1. Corporation Name

SOUTHBROOKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **495 SUNILAND AVE. LONGWOOD FL 32750**
Mailing Address: **495 SUNILAND AVE. LONGWOOD FL 32750**

3. Date Incorporated or Qualified: **11/20/1984**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21 ISLAND COMMUNITY MGMT**
Suite, Apt. #, etc.: **22 P.O. BOX 915408**
City & State: **23 LONGWOOD, FL.**
Zip: **24 32791-5408** Country: **SEM**

4. FEI Number: **59-2221154**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ISLAND COMM. MGMT.
%KAREN BOWES
495 SUNILAND AVE.
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
81 Name: **ISLAND COMM. MGMT. % GRACE WITHERELL**
82 Street Address (P.O. Box Number is Not Acceptable): **495 SUNILAND AVE.**
83
84 City: **LONGWOOD** State: **FL**
85 Zip Code: **32750**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Grace S. Witherell*
Signature typed or printed name of registered agent and title if applicable.

4-11-96
Date

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOOGLAND, BOB	
STREET ADDRESS	139 OLIVE TREE CIR	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLOTTER, JOHN	
STREET ADDRESS	5355 JADE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CINTOLO, ROBERT	
STREET ADDRESS	3718 LANDLUBBER ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MIKE TINGLE	
STREET ADDRESS	4886 S. SEMORAN BLVD. #608	
CITY-ST-ZIP	ORLANDO, FL. 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *John Klotter* **John Klotter** **4/23/96** **407 851 4400**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)