


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06271 (3)
 1. Corporation Name
SOUTHBROOKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business ISLAND COMMUNITY MANAGEMENT P.O. BOX 915408 LONGWOOD FL 32701-5408 US	Mailing Address 495 SUNILAND AVE. LONGWOOD FL 32750
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3. Date incorporated or Qualified
11/20/1984

4. FEI Number 59-2221154	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc. P.O. Box 520607	22. Mailing Address Suite, Apt. #, etc. PO Box 520607
23. City & State Longwood FL	24. City & State Longwood FL
25. Zip 32752-0607	26. Zip 32752-0607
27. Country	28. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**ISLAND COMMUNITY MANAGEMENT
 % GRACE WITHERALL
 495 SUNILAND AVENUE
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" 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 type="checkbox"/> DELETE
NAME	TINGLE, MIKE	
STREET ADDRESS	4886 S. SEMORAN BLVD #608	
CITY-ST-ZIP	ORLANDO FL	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICK EKEY	
1.3 STREET ADDRESS	4858 S. SEMORAN BLVD #2106	
1.4 CITY-ST-ZIP	ORLANDO, FL 32822	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *John W. Klotter* John W. Klotter Pres. 3-31-98 851 4400

CP2E037 (10/97)