

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90176 017 ****61.25

DOCUMENT # N06271

1. Entity Name

SOUTHBROOKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 680097
 ORLANDO FL 32868-0097
 US

P O BOX 680097
 ORLANDO FL 32868-0097
 US

c/o
LELAND MANAGEMENT
 1633 E. VINE ST SUITE 110
 KISSIMMEE, FL 34744

c/o
LELAND MANAGEMENT
 1633 E. VINE ST SUITE 110
 KISSIMMEE, FL 34744



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2221154** Applied For Not Applicable

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

Zip Country Zip Country
 USA USA

6. Name and Address of Current Registered Agent
LELAND MANAGEMENT, INC.
 1633 E. VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name *Rebecca Buchanan*
c/o
LELAND MANAGEMENT
 1633 E. VINE ST SUITE 110
 KISSIMMEE, FL 34744
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent
 SIGNATURE: *Rebecca Buchanan*
 (Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)
 DATE: *4/28/02*

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	BUCHANAN, WANDA	
STREET ADDRESS	4878 S SEMORAN BLVD #1507	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KLOTTER, JOHN	
STREET ADDRESS	5355 JADE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, CARL	
STREET ADDRESS	4874 S SEMORAN BLVD # 1702	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *John Klotter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/28/02* Daytime Phone #: *407 851 4400*

CR2E037 (9/01)