


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 039 ****61.25

DOCUMENT # N06271 1. Entity Name SOUTHBROOKE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business C/O LELAND MANAGEMENT 1633 E VINE STREET STE 110 KISSIMMEE, FL 34744 US	Mailing Address C/O LELAND MANAGEMENT 1633 E VINE STREET STE 110 KISSIMMEE, FL 34744 US
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2. Principal Place of Business <i>C/O Leland Management</i> Suite, Apt. #, etc. <i>8009 S. Orange Ave</i> City & State <i>Orlando FL</i> Zip <i>32809</i>	3. Mailing Address <i>C/O Leland Management</i> Suite, Apt. #, etc. <i>8009 S. Orange Ave</i> City & State <i>Orlando FL</i> Zip <i>32809</i>	4. FEI Number 59-2221154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

04142005 Chg-NP CR2E037 (10/03)

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: <i>Leland Management, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>8009 S. Orange Ave</i> City: <i>Orlando</i> FL Zip Code: <i>32809</i>
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8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sheila Imb* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHANAN, WANDA			NAME	Montgomery, Tom		
STREET ADDRESS	4878 S SEMORAN BLVD #1507			STREET ADDRESS	4886 S. Semoran Blvd #606		
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	Orlando FL 32822		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLETTE, DARYL			NAME	Willette, Darryl		
STREET ADDRESS	4806 S SEMORAN BLVD #204			STREET ADDRESS	3936 S. Semoran Blvd #466		
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	Orlando FL 32822		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTOPHER, CARL			NAME	Christopher, Carl		
STREET ADDRESS	4874 S SEMORAN BLVD # 1702			STREET ADDRESS	4874 S. Semoran Blvd # 1702		
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	Orlando, FL 32822		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Thomas A. Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____