

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# N06271

Entity Name: SOUTHBROOKE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-2221154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: S () Delete
Name: MONTGOMERY, TOM
Address: 4886 S. SEMORAN BLVD #606
City-St-Zip: ORLANDO, FL 32822

Title: T () Delete
Name: WILLETLE, DARYL
Address: 4806 S SEMORAN BLVD #204
City-St-Zip: ORLANDO, FL 32822

Title: P (X) Delete
Name: CHRISTOPHER, CARL
Address: 4874 S SEMORAN BLVD # 1702
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTOPHER, CARL
Address: 4874 S. SEMORAN BLVD #1702
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change () Addition
Name: MONTGOMERY, TOM
Address: 4886 S. SEMORAN BLVD #606
City-St-Zip: ORLANDO, FL 32822

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL CHRISTOPHER

P

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date