

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
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: P ( ) Delete  
Name: CHRISTOPHER, CARL  
Address: 4874 S. SEMORAN BLVD #1702  
City-St-Zip: ORLANDO, FL 32822

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: V ( ) Change (X) Addition  
Name: DAVENPORT, JOSIE  
Address: 4882 S SEMORAN BLVD, #1402  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify 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

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date