


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90385 021 \*\*\*\*61.25

**DOCUMENT # N06271**

1. Entity Name  
**SOUTHBROOKE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**C/O LELAND MANAGEMENT  
1633 E VINE STREET STE 110  
KISSIMMEE FL 34744  
US**

**C/O LELAND MANAGEMENT  
1633 E VINE STREET STE 110  
KISSIMMEE FL 34744  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

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



CHECK HERE IF MAKING CHANGES

**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

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rebecca Smith*

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHANAN, WANDA</b>	
STREET ADDRESS	<b>4878 S SEMORAN BLVD #1507</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KLOTTER, JOHN</b>	
STREET ADDRESS	<b>5355 JADE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTOPHER, CARL</b>	
STREET ADDRESS	<b>4874 S SEMORAN BLVD # 1702</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
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
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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 supplementary 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: *Rebecca Smith*      SIGNATURE: *John Klotter*      4/17/03      407851-4400

CR2E037 (10/02)