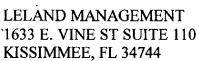
## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N08880** 1. Entity Name ASSOCIATION OF SOUTHBROOKE CONDOMINIUM II, INC. Principal Place of Business Mailing Address \_\_\_\_

## **FILED** May 28, 2002 8:00 am Secretary of State

05-28-2002 90723 040 \*\*\*\*61.25



changed, or on an attachment with a

**SIGNATURE:** 

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

			-	<i>j</i>				
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE			
		City & State			4. FEI Number 59-2646081		pplied For	
Zip Country Zip		Zip	Country				ot Applicable	
	6 Nome and Address of Correct Da		<u>.l</u>			Fee Require		
	6. Name and Address of Current Re	gisterea Agent	Name	7	ress of New Registered	d Agent		
1633 E. VI SUITE 110 KISSIMME	IANAGEMENT, INC. INE STREET I E FL 34744 In an	LI 16 K	LELAND MANAGEMENT 1633 E. VINE ST SUITE 110 KISSIMMEE, FL 34744  FL Zip Code					
SIGNATURE	Signature, typed or printed name of registered agent and	9. Election Ca	mpaign Financing	specified when reinstating) \$5.00 May Be Added to Fees		ck Payable ent of State		
10.	OFFICERS AND DIREC	L CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	I 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STB PD DEMATTOS, JOE 4838 S. SEMORAN BLVD., SUITE 90 ORLANDO FL 32822	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, L. 4838 S. SEM ORLANDO, F	EOLA ORAD BLUD	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAGWELL, BRENDA 2061 WEMBLEY PLACE OVIEDO FL 32765	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, DAM 4822 5. SEL ORLANDO, F	NORAD BLV	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD————————————————————————————————————	elete: •	NAME STREET ADDRESS CITY-ST-ZIP	A SECTION OF THE SECT		□·Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRE-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-7IP	- Viel-		☐ Change	☐ Addition	

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 flocurate 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 be equal to be caused by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

South DE MATOS