FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N12698

(9)

| ASSOC | HATION OF SOUTHBROOKE | CONDOMINIUM V, INC |). | | |
|---|--|--|--------------------------------|--|------------------------------------|
| Principal Plac | e of Business | Mailing Address | | * 10051501 001 11010 1010 0 1101 0 1010 1010 1010 | BARDI BIBIL BIBIL BIBIL BEBIK 1685 |
| C/O ICM P.O. BOX 91540 LONGWOOD FL US | | C/O ICM P.O. BOX 915408 LONGWOOD FL 32791-5408 US | | 3. Date Incorporated or Qualified 12/20/1985 4. FEI Number 59-2617313 | Applied For |
| | lace of Business | 2a. Mailing Address | | | \$8.75 Additional |
| 21 | | 26 | | 5. Certificate of Status Desired | Fee Required |
| Suite Apt. | | Suite, Apt. #, etc. 27 P.O. Bo X 5 | 20607 | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| City & State | 9 / 7/ | City & State | | 7. Is this nonprofit corporation a homeowr | |
| 23 LONG | | 28 LONGWOOD | 76 | ✓ Yes | □ No |
| Zip 24 3 2 7 5 2 | Country 25 | Zip / 29 32752 -06073 | Country | 8. This corporation owes or has paid the o | current year Intangible |
| 24 3 % 1 / 2 | 9. Name and Address of Current | | 0) | Personal Property Tax due June 30. 10. Name and Address of New Registers | |
| | | | 81 Name | | |
| WITHERELL, GRACE 62 Street Add | | | | Address (P.O. Box Number is Not Acceptable) | |
| 495 SUNILAND AVE. | | | | Total Section (1.5. Dox (tall loss) | |
| LONGWO | OOD FL 32750 | | 83 | | |
| | | | 84 City | F | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE | | | | | |
| | Stgnature, typed or printed name of registered agent | | Registered Agent signature | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE NAME | PD PLOTTED TODAY | | 1.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | KLOTTER, JOHN 5355 JADE CIRCLE | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | | | |
| TITLE | VD | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | VA | Change Addition |
| NAME | PERKINS, STARLING | | 2.2 NAME | VD Debbie Klotter 5355 JAde Circle DRIANDO 78 | FOULION |
| STREET ADDRESS | \$127 MORTIER AVENUE | | 2.3 STREET ADORESS | 5355 Tade Circle | |
| CITY-ST-ZIP | ORLANDO FL | | 2. 4 CITY - ST - ZIP | DRIANNO 78 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | LONGLEY, JOYCE | | 3,2 NAME | | |
| STREET ADDRESS | 4854 S SEMORAN BLVD #2201 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | _ | ☐ D ELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | / Locustra | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME CTOTET ADDOCCO | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | C change C Addition |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST- ZIP | | |
| 44 | | | | | |

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conforation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if exampled, or or an adaptment with an address.

3-31-98 407851 4400

FILED

May 19 1998 8:00am

Secretary of State