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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12698

1. Corporation Name

ASSOCIATION OF SOUTHBROOKE CONDOMINIUM V, INC.

Principal Place of Business

P O BOX 520607
 P.O. BOX 915408
 LONGWOOD FL 32752-607
 US

Mailing Address

P O BOX 520607
 P.O. BOX 915408
 LONGWOOD FL 32752-607
 US



2. Principal Place of Business

21 P.O. Box 680097
 Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/20/1985

4. FEI Number

59-2617313

Applied For

Not Applicable

23 City & State

ORLANDO, FL

27 City & State

ORLANDO, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

32868 US

28 Zip Country

32868 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WITHERELL, GRACE
 495 SUNILAND AVE.
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name CLASSIC PROPERTY MGMT. KAREN
 82 Street Address (P.O. Box Number is Not Acceptable) BOWES
 2209 SEELY DRIVE
 83
 84 City ORLANDO FL 85 Zip Code 32808

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
 Signatory typed or printed name of registered agent and title if applicable.

SIGNATURE *[Signature]*
 (NOTE: Registered Agent signature required when reinstating)

DATE 4/13/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLOTTER, JOHN	
STREET ADDRESS	5355 JADE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLOTTER, DEBBIE	
STREET ADDRESS	5355 JADE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LONGLEY, JOYCE	
STREET ADDRESS	4854 S SEMORAN BLVD #2201	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARL CHRISTOPHER	
STREET ADDRESS	4874 S. SEMORAN BLVD. # 1702	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 807824497
 Date Daytime Phone #

CR2E037 (1/98)