

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90024 035 ****61.25

DOCUMENT # 715848

1. Entity Name

**SOUTHBROOK CONDOMINIUM APTS., INC., A
CONDOMINIUM**



Principal Place of Business

**300 SOUTH LUNA COURT
HOLLYWOOD FL 33021**

Mailing Address

**300 SOUTH LUNA COURT # 11
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-1356504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUTHEN, CATHERINE
300 S. LUNA COURT
APT 6
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Samantha Alvarez**
Street Address (P.O. Box Number is Not Acceptable)
300 S. Luna Ct. #11
Hollywood
City **FL** Zip Code **33021**

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

Samantha Alvarez

**Samantha Alvarez
Sec/Tres.**

5/1/06

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
Due By May 1, 2006**

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	P	<input checked="" type="checkbox"/> Delete
NAME	RUTHVEN, CATHERINE	
STREET ADDRESS	300 S LUNA CT	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	VARGAS, TRACI	
STREET ADDRESS	300 S. LUNA CT. #12	
CITY - ST - ZIP	HOLLYWOOD FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, TRACI	
STREET ADDRESS	300 S LUNDEY #12	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, MATTHEW	
STREET ADDRESS	300 S. LUNA CT., APT. 10	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATA, DAVID	
STREET ADDRESS	300 S LUNA CT #9	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFY, GEORGE	
STREET ADDRESS	300 S. LUNA CT. #4	
CITY - ST - ZIP	HOLLYWOOD FL 33021	

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	President P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Secretary / Treasure S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMANTHA ALVAREZ	
STREET ADDRESS	300 S. Luna Ct. #11	
CITY - ST - ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thelma Ely	
STREET ADDRESS	300 S. Luna Ct. #2	
CITY - ST - ZIP	Hollywood, FL 33021	
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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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:

Samantha Alvarez

**Samantha Alvarez
Sec/Tres.**

5/1/06

**305-
364-7829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #