2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 721798

Entity Name: SPRINGBROOK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

41 BEACH LANE
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

41 BEACH LANE #3
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

1955 SE 32ND LANE
OCALA, FL 34471 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, GEORGE
41 BEACH LANE #3
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

DOBSON, DEBORAH C
1955 SE 32ND LANE
OCALA, FL 34471 US

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.

SIGNATURE: DEBORAH C. DOBSON 04/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITE, GEORGE
Address: 41 BEACH LANE # 3
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: VD ( ) Delete
Name: FALCONE, DAVID
Address: 41 BEACH LANE #5
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: TSD ( ) Delete
Name: DOBSON, DEBORAH
Address: 1955 SE 32ND LANE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FALCONE, DAVID
Address: 2205 NE 9TH STREET
City-St-Zip: OCALA, FL 34470 US

Title: VD (X) Change ( ) Addition
Name: TORRICELLI, BEN
Address: 41 BEACH LANE #4
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH C. DOBSON TSD 04/26/2009
Electronic Signature of Signing Officer or Director Date