## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#760272** 

FILED Feb 17, 2009 Secretary of State

Entity Name: SOUTHBROOK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7333 BEACH BLVD. JACKSONVILLE, FL 32216 LIS **Current Mailing Address: New Mailing Address:** 7333 BEACH BLVD JACKSONVILLE, FL 32216 FEI Number: 36-3168789 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE, FL 32207 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BARTON, CHARLES BENJAMIN, LOIS Name: Name: 1541-1 EL CAMINO RUN Address: 1551-4 EL CAMINO RD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 Title: () Delete Title: (X) Change ( ) Addition Name: FRISCIA, KENNETH Name: FRISCIA, KENNETH Address: 1756-2 EL PRADE RD Address: 1756-2 EL PRADO RD City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 Title: PD() Delete Title: () Change () Addition CLARKE, JUDITH Name: Name: 1541-2 EL CAMINO RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JONES, WILLA Name: 1714 4 EL PRADO RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: () Change () Addition INMAN, CELINDA Name: Name: 1757 -6 EL CAMINO RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 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: WILLA JONES T 02/17/2009