


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90196 030 ****61.25

DOCUMENT # 764372		
1. Entity Name S. B. CLUB CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044
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50001295



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03272007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2221286	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, CHUCK 1000 WINDERLY PLACE, #146 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, CHUCK 1000 WINDERLEY PL #146 MAITLAND FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, JOHN 1000 WINDERLY PLACE #147 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEMP, TIM 1000 WINDERLEY PL #128 MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERSO, PAT 1000 WINDERLEY PLACE # 241 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTMAN, JANICE 1000 WINDERLEY PL #239 MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, PAULA 1000 WINDERLY PLACE #242 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, LINDA 1000 WINDERLEY PL #225 MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOEGELE, WAYNE 1000 WINDERLY PLACE #149 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REES, BOB 905-301 LOTUS VISTA DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, BILL 1000 WINDERLEY PL #240 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Charles P. Roberts Charles P. Roberts 4/16/07 407-353-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President S.B. Club