

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90016 008 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03132008 Chg-NP CR2E037 (12/06)

4. FEI Number: **59-2221286**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 HART, JAMES W JR  
 SENTRY MANAGEMENT INC  
 2180 W SR 434 SUITE 5000  
 LONGWOOD, FL 32779

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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	PD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, CHUCK			NAME	ROBERTS, CHUCK		
STREET ADDRESS	1000 WINDERLY PLACE, #146			STREET ADDRESS	1000 WINDERLY PL #146		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMP, TIM			NAME	LEMP, TIM		
STREET ADDRESS	1000 WINDERLY PL #128			STREET ADDRESS	1000 WINDERLY PL #128		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALTMAN, JANICE			NAME	REES, BOB		
STREET ADDRESS	1000 WINDERLY PL #239			STREET ADDRESS	905-301 LOTUS VISTA DR		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, PAULA			NAME			
STREET ADDRESS	1000 WINDERLY PLACE #242			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, LINDA			NAME	JOHNSTON, LINDA		
STREET ADDRESS	1000 WINDERLEY PL #225			STREET ADDRESS	1000 WINDERLY PL #225		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, BILL			NAME	RUSSELL, BILL		
STREET ADDRESS	1000 WINDERLEY PL #240			STREET ADDRESS	1000 WINDERLY PL #240		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FL 32751		

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:** *Linda Johnston* **LINDA-J. JOHNSTON, PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **03-17-08** Daytime Phone #