

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008162

FILED
Apr 24, 2009
Secretary of State

Entity Name: SPRINGBROOK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

79 MASTERS DRIVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

79 MASTERS DRIVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3753883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE NEIGHBORHOOD MANAGERS, INC.
79 MASTERS DRIVE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MITCHELL, SIMON
Address: 126 B2 TROPIC DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT () Delete
Name: KONAPASEK, KOREY
Address: 373 KEY WEST DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: TURNER, DENNIS
Address: 12642 TROPIC DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: SIMON, ANNE
Address: 12682 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: PARRISH, JASON
Address: 257 BROOKCHASE LANE WEST
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: KONAPASEK, KOREY
Address: 373 KEY WEST DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD (X) Change () Addition
Name: TURNER, DENNIS
Address: 12642 TROPIC DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD (X) Change () Addition
Name: GIL, CARMEN
Address: 12365 SEA BISCUIT CT
City-St-Zip: JACKSONVILLE, FL 32225

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: MITCHELL SIMON

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date