

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90264 003 \*\*\*\*61.25

**DOCUMENT # N04000001444**

1. Entity Name  
**SPRINGBROOK HOMES ASSOCIATION, INC.**



**20046048**



Principal Place of Business  
**508-A CAPITAL CIRCLE SE  
 TALLAHASSEE, FL 32301**

Mailing Address  
**508-A CAPITAL CIRCLE SE  
 TALLAHASSEE, FL 32301**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S  
 3520 THOMASVILLE RD  
 4TH FLOOR  
 TALLAHASSEE, FL 32309**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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  Delete  
 NAME **D TURNER, DOUGLAS E**  
 STREET ADDRESS **508-A CAPITAL CIRCLE SE**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D SAXON, FRED**  
 STREET ADDRESS **508-A CAPITAL CIRCLE SE**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D O'REILLY, JOHN**  
 STREET ADDRESS **508-A CAPITAL CIRCLE SE**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #