

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001444

FILED  
Apr 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

214 DOGWOOD FOREST  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

214 DOGWOOD FOREST  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 65-1221752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, SUSAN S  
3520 THOMASVILLE RD  
4TH FLOOR  
TALLAHASSEE, FL 32309 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: PRES ( ) Delete  
Name: MARY, DARNELL H  
Address: 214 DOGWOOD FOREST  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: LOLLIS, KATHY  
Address: 150 DOGWOOD FOREST  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: WILSON, CHRISTA  
Address: 209 DOGWOOD FOREST  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: NAPIER, CAROLYN  
Address: 114 DOGWOOD FOREST  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change ( ) Addition  
Name: WILSON, CHRISTA  
Address: 209 DOGWOOD FOREST  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: CHRISTA B. WILSON

D

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date