


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012431 1. Entity Name SOUTHERN BLUEFIELD ROAD PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2940 SOUTH 25TH STREET FORT PIERCE, FL 34981	Mailing Address 2940 SOUTH 25TH STREET FORT PIERCE, FL 34981
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03122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4044802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCARTY, JAMES H JR 2940 SOUTH 25TH STREET FORT PIERCE, FL 34981	DO NOT WRITE IN THIS SPACE
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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ALDERMAN, JOE M II 200 NW AVENUE L BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, J. MICHAEL II 200 NW AVENUE L BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMPSON, LARRY 401 NORTH JENKINS ROAD FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jm Alderman II Date: 3-24-08 Daytime Phone #: 561-996-2800