

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004863

FILED
Jul 31, 2006
Secretary of State

Entity Name: SUWANNEE BROOK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5060 89TH PLACE
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

5060 89TH PLACE
LIVE OAK, FL 32060 US

New Mailing Address:

5001 89TH PASS
LIVE OAK, FL 32060 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PROULX, BENNIE C
2519 RANCH LAKE CIRCLE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

PROULX, CHERYL A
5001 89TH PASS
LIVE OAK, FL 32060 US

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: CHERYL A. PROULX

07/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PROULX, BEN C
Address: 2519 RANCH LAKE CIR.
City-St-Zip: LUTZ, FL 33549

Title: ST () Delete
Name: MARTIN, JILL
Address: 4913 28TH AVE.
City-St-Zip: SO. GULF PORT, FL 33707

Title: T () Delete
Name: MARKHAM, DAVID
Address: 3825 NEWCOMB RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: BENSON, SUZANNE
Address: 5210 89TH PLACE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILES, WAYNE T
Address: 7851 SUPPLY DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: ST (X) Change () Addition
Name: MARTIN, JILL
Address: 5098 89TH PASS
City-St-Zip: LIVE OAK, FL 32060 US

Title: T (X) Change () Addition
Name: MARKHAM, DAVID
Address: 11943 ARMSDALE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP (X) Change () Addition
Name: PROULX, CHERYL A
Address: 5001 89TH PASS
City-St-Zip: LIVE OAK, FL 32060 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL A PROULX

VP

07/31/2006

Electronic Signature of Signing Officer or Director

Date