

**NOT-FOR-PROFIT CORPORATION
UNIFORM-BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90420 020 ****61.25

DOCUMENT # *N26655*

1. Entity Name
Southbridge West Homeowners Ass.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1189 Sawgrass Corp.

3. Mailing Address
1189 Sawgrass Corp. Pkwy

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL.

City & State
SUNRISE FL.

4. FEI Number
65-0159034

Applied For
Not Applicable

Zip
33323

Country
BROWARD

Zip
33323

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Miami Management, Inc. - Broward Office*

Street Address (P.O. Box Number is Not Acceptable)
1189 Sawgrass Corporate Parkway

City *SUNRISE* **FL** Zip Code *33323*

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.

SIGNATURE *Robert H. Massoth*

Signature, typed or printed name of registered agent and title if applicable.

Robert H. Massoth

(NOTE: Registered Agent signature required when reinstating)

5/1/02
DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME *P/D Watees, TINA*
STREET ADDRESS
10735 NW 10 St.
CITY-ST-ZIP
Pembroke Pines, FL. 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *V/P/D DUNSFORD, Gregg*
STREET ADDRESS
10712 N.W. 11 St.
CITY-ST-ZIP
Pembroke Pines, FL. 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *T/D Rethowski, John*
STREET ADDRESS
1041 N.W. 107 Ave.
CITY-ST-ZIP
Pembroke Pines, FL. 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME *S/D Soccocio, Pam*
STREET ADDRESS
10745 N.W. 11 St.
CITY-ST-ZIP
Pembroke Pines, FL. 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *D Dowell, TINA*
STREET ADDRESS
10737 NW 11 St.
CITY-ST-ZIP
Pembroke Pines, FL. 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Saccocio 5/2/02*