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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

4/15/96

407/847-9700

1996

SIGNATURE:

N30690

(4)

## DOCUMENT # SOUTHBRIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place o	of Business	Mailinn	Address				HINDE GOOD HINT GENER GRADE	II W DII VI DII W 11		
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4545 PLEASAN STE - 114	IT HILL ROAD		PLEASANI MILL P - 114	טאט		}				
KISSIMMEE FL 34759 US			KISSIMMEE FL 34759					ate of Last Report 05/01/1995		
. Principal Plac	no of Business	2a. Ma	iling Address			4. FEI Nu	mber		Α	pplied For
. Principai Piac ]	Ce Of Dusiness	26	inig i ida ooo			59	-2992489			lot Applicabl
Suite, Apt. #	. etc.		ite, Apt. #, etc.			5 Certific	ate of Status Desired	XXXX		Additional
]		27				J. Oertino	The Or Olbida Boarda			Required
City & State		Cit	y & State				Campaign Financing			May Be
]		28				1	und Contribution			to Fees
Zip	Country	Zip	)	Country	′		rporation has liability for Statutes	intangible ti		199.032,
	25	29	d Agont	30			and Address of New			
	9. Name and Address of	r Current Registere	u Ayem	81	Name	13, 140,110		<b>7</b>	<del></del>	
=16.5	MANOADET !!				"	1500	Number is Not Assessed	h'a)		
FISCHER	, MARGARET H			82	Street A	redress (P.O. Box	Number is Not Accepta	n-e)		
	EASANT HILL ROAD			83						
STE - 11					ļ				0F 7	Code
• • • • • • • • • • • • • • • • • • • •	EE FL 34759			84				FL	_   ' ' '	
1 Discound to	o the provisions of Sections f	317 ( <b>\$</b> 02 and 617 19	508 Florida Statut	es, the above	named co	rporation submits	this statement for the p	urpose of ch	anging its r	egistered of
or registere	o the provisions of Sections 6 ed agent, or both, in the State h, and accept the bligations	e of Ilorida. Such ch	ange was authoriz	ed by the con	poration's l	board of directors	I hereby accept the ap	pointment a:	s registered	agent. I am
familiar wit	h, and accept me policial ops	SPT, ESPECIDINE IV. USU	is, Fightia Statutes	٥.					4/15/	96
IGNATURE _	Signature, typed or printed hame of regis	stered agent and title I apple	cable. (NK	OTE: Registered Age	ent signature re	quireo when reinstating)		DATE		
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MARGARET H. FISCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR