## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N30690

## SOUTHBRIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place	of Business	Mailing Address				1817 41811 61411 41 <u>4</u> 11 41811 41811 41411 41411 41411
4545 PLEASANT	HILL ROAD	4545 PLEASANT HILL RO	DAD			
STE - 114 KISSIMMEE FL 34759 KISSIMMEE FL 34759 KISSIMMEE FL 34759			E FL 34759-9400			
US		US			3. Date Incorporated or Qualified 02/14/1989	3a. Date of Last Report 04/26/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-2992489	Applied For
1		Suite, Apt. #, etc.	26 Suite Act # ata		09 2932409	Not Applicab  \$8.75 Additional
Suite, Apt. #	r, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
·		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Coul	ntry	8. This corporation has liability for i	
4	25	29	30			Yes No
	9 Name and Address of Curi	ent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
				OI Name		
	R, MARGARET H		ľ	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
	EASANT HILL ROAD		-	83		
STE - 114						
KISSIMM	IEE FL 34759		Ĩ	B4 City	•	FL 85 Zip Code
11 Durayant t	o the equisions of Pactions 617.0	502 and 617 1508. Florida State	ites the st	ove-named o	cornoration submits this statement for the p	
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was	authorized	by the corpo	corporation submits this statement for the poration's board of directors. I hereby accep	ot the appointment as registered
agent. I an	n familiar with, and accept the ob	ligations of, Section 617.0503, I	-iorida Stat	utes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (No	OTE: Registered	Agent signature r	equired when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 10	LE		Change Additi
NAME	FISCHER, LOUIS E.		1.2 N	ME	•	
STREET ADDRESS	4545 PLEASANT HILL RD.		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL			TY-ST-ZIP		Change Additi
TITLE	VDS	<b>₹3</b> DELETE	2.1 TI			Change Additi
NAME	WATSON, VICKEY		2.2 N/			
STREET ADDRESS	4545 PLEASANT HILL RD.			REET ADDRESS		_
CITY-ST-ZIP	KISSIMMEE FL	DELETE	2. 4 C 3.1 Tr	TY-ST-ZIP	DTS	Change iditi
TITLE	DT FISCHER, MARGARET H	- Officer	3.2 N/		Fischer, Margaret H.	44
NAME STREET ADDRESS	4545 PLEASANT HILL RD.			REET ADDRESS	4545 Pleasant Hill Ro	ad #114
CITY-ST-ZIP	KISSIMMEE FL			MY-ST-ZIP	Kissimmee, FL 34759	
THILE	(WOOMMINGE ) E	DELETE	4.1 71		D	Change 😿 Addit
NAME			4. 2 N	AME	Powell, Kathy S.	
STREET ADDRESS			4.3 \$1	REET ADDRESS	4545 Pleasant Hill Ros	ad, Suite 114
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP	Kissimmee, FL 34759	
TITLE		☐ DELETE	5.1 Ti	TLE		Change  Addit
NAME			5.2 N	AME	•	
STREET ADDRESS			5.3 S	TREET ADDRESS	•	
CITY-ST-ZIP				TY-81-21P		
TITLE		☐ DELETE	6.1 TI	TLE	·	Change Addit
NAME .			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADORESS		
CłTY-ST-ZIP		(* - 4 4)		ITY-ST-ZIP	sted in Coston 110 07/2\/0 Florida Ctatuta	e I further certify that the
1 - 2	- i- disabada a abba a a maka ba	er euenlemental appual rabott i	e trus and	AAAHII ATA BAA	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg	al emeci as il made undel dain: i
l am an of	flicer or director of the corporation In Block 12 or Block 13 (c) lagged	n or≜he receiver or trustee emb	owered to (	execute this r	eport as required by Chapter 617, Florida	Statutes; and that my name
appears ii		<i>C</i> 1 1 1		<b>10</b> 10 10 10 10 10 10 10 10 10 10 10 10 10		•
SIGNAT	UPE WART	CMACH! EMARGE (	14UJ9	rischer	4/18/97	407/847-9700

SIGNATURE:

4/18/97 407/847-9700

**FILED** 

May 30 1997 8:00am

Secretary of State

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