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May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30690 (4)  
1. Corporation Name  
SOUTHBRIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 4545 PLEASANT HILL ROAD, STE - 114, KISSIMMEE FL 34759, US  
Mailing Address: 4545 PLEASANT HILL ROAD, STE - 114, KISSIMMEE FL 34759, US

3. Date Incorporated or Qualified: 02/14/1989  
4. FEI Number: 59-2092489  
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
22 City & State: 23  
24 Zip: 25 Country: 26  
2a. Mailing Address: 27 1524 N. BERMUDA AVE.  
28 City & State: KISSIMMEE, FLORIDA  
29 Zip: 34741 30 Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
FISCHER, MARGARET H  
4545 PLEASANT HILL ROAD  
STE - 114  
KISSIMMEE FL 34759

10. Name and Address of New Registered Agent  
81 Name: ANDREA TUCKER  
82 Street Address (P.O. Box Number is Not Acceptable): 1524 N. BERMUDA AVE.  
83  
84 City: KISSIMMEE FL 85 Zip Code: 34741

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Andrea Tucker* ANDREA TUCKER 4-28-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: FISCHER, LOUIS E.	
STREET ADDRESS: 4545 PLEASANT HILL RD.	
CITY-ST-ZIP: KISSIMMEE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: POWELL, KATHY S	
STREET ADDRESS: 4545 PLEASANT HILL RD., STE. 114	
CITY-ST-ZIP: KISSIMMEE FL	
TITLE: DTS	<input checked="" type="checkbox"/> DELETE
NAME: FISCHER, MARGARET H	
STREET ADDRESS: 4545 PLEASANT HILL RD.	
CITY-ST-ZIP: KISSIMMEE FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: HOWAT, JR., THOMAS D.	
1.3 STREET ADDRESS: 1524 N. BERMUDA AVE.	
1.4 CITY-ST-ZIP: KISSIMMEE, FL 34741	
2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: WOLK, DANIEL L.	
2.3 STREET ADDRESS: 1524 N. BERMUDA AVE.	
2.4 CITY-ST-ZIP: KISSIMMEE, FL 34741	
3.1 TITLE: TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: TUCKER, ANDREA	
3.3 STREET ADDRESS: 1524 N. BERMUDA AVE.	
3.4 CITY-ST-ZIP: KISSIMMEE, FL 34741	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]*

CF2E037 (10/97)