

FILE NOW. FILING FEE IS \$61.25

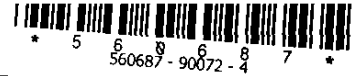
FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90067 016 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30690**

1. Corporation Name  
**SOUTHBRIDGE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business 4545 PLEASANT HILL ROAD STE - 114 KISSIMMEE FL 34759 US	Mailing Address 1524 N BERMUDA AVENUE STE - 114 KISSIMMEE FL 34741 US
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2. Principal Place of Business 21 <b>359 CAROLINA AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>359 CAROLINA AVE</b> Suite, Apt. #, etc.	3. Date incorporated or Qualified <b>02/14/1989</b>
22	27	4. FEI Number <b>59-2992489</b> Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>WINTER PARK FL</b>	28 City & State <b>WINTER PARK FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>32789</b> 25 Country <b>USA</b>	29 Zip <b>32789</b> 30 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**TUCKER, ANDREA**  
1524 N BERMUDA AVENUE  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name **JAMES H. PUGH JR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**359 CAROLINA AVE**  
83  
84 City **WINTER PARK** FL 85 Zip Code **32789**

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: *[Signature]* **JAMES H. PUGH JR.** DATE: **4/30/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HOWAT, JR THOMAS D	
STREET ADDRESS	1524 N BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOLK, DANIEL L	
STREET ADDRESS	1524 N BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, ANDREA	
STREET ADDRESS	1524 N BERMUDA AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAMES H. PUGH JR.</b>	
1.3 STREET ADDRESS	<b>359 CAROLINA AVE</b>	
1.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>DP JAMES H. PUGH JR.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JAMES H. PUGH JR.</b>	
4.3 STREET ADDRESS	<b>359 CAROLINA AVE</b>	
4.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
5.1 TITLE	<b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>STEVE BRADLEY</b>	
5.3 STREET ADDRESS	<b>359 CAROLINA AVE</b>	
5.4 CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
6.1 TITLE	<b>KISSIMMEE VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>KYLE RIVA</b>	
6.3 STREET ADDRESS	<b>359 CAROLINA AVE</b>	
6.4 CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

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 or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: **JAMES H. PUGH JR.** DATE: **4/30/99** DAYTIME PHONE #: **407 644 9055**

CR2E037 (1/98)