


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90220 012 \*\*\*\*61.25

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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 # N93000002935**

1. Corporation Name  
**VILLAGES ON COURT SIDE LAKE II AT BRECKENRIDGE C  
 ONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907	Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/25/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0429982
24 Country	29 Country	5. Certificate of Status Desired
25	30	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 STILPHEN, PETER MARQUIS MANAC... 9400 GLADIOLUS DR. FT MYERS FL 33908	82 BARBARA A. STILSON C/O PEGASUS PROPERTY MGMT. INC. 13400 S. CLEVELAND AVE. # 203 83 FORT MYERS, FL 33907 84 85 Zip Code

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: *Barbara A. Stilson* DATE: 4-22-99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, FRED	1.2 NAME	
STREET ADDRESS	4121-301 LORENE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILPATRICK, ALAN	2.2 NAME	
STREET ADDRESS	4110-104 LORENE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHEELE, KEN	3.2 NAME	JULES TRUDEL
STREET ADDRESS	4110-109 LORENE DR	3.3 STREET ADDRESS	93 MERRILL ROAD
CITY-ST-ZIP	ESTERO FL	3.4 CITY-ST-ZIP	CANDIO, NH 03034
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, BARRY	4.2 NAME	TD JOANNA GARRY
STREET ADDRESS	4121 LORENE DR #110	4.3 STREET ADDRESS	4111 LORENE DR. # 208
CITY-ST-ZIP	ESTERO FL	4.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDDUKE, HOWARD	5.2 NAME	SD
STREET ADDRESS	4110-110 LORENE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Stilson* DATE: April 21, 1999 9414548568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)