

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002935

1. Entity Name

VILLAGES ON COURT SIDE LAKE II AT BRECKENRIDGE C

APPROVED
AND
FILED

00 MAY 15 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PEGASUS PROPERTY MANAGEMENT, INC. 19850 BRECKENRIDGE DRIVE, SUITE A ESTERO FL 33928	Mailing Address PEGASUS PROPERTY MANAGEMENT, INC. 19850 BRECKENRIDGE DRIVE, SUITE A ESTERO FL 33928-2188
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908	3. Mailing Address Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908
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4. FEI Number 65-0429982	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STILSON, BARBARA A
C/O PEGASUS PROPERTY MGMT INC
13400 S CLEVELAND AVE #203
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: BARBARA A STILSON
Pegasus Property Mgmt. (Acceptable)
17595 S. Tamiami, #200-2
Fort Myers, FL 33908
City: FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Barbara A Stilson* DATE: 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME	DP HUNT, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	4121-301 LORENE DR	
CITY-ST-ZIP	ESTERO FL	
TITLE NAME	DVP KILPATRICK, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	4110-104 LORENE DR	
CITY-ST-ZIP	ESTERO FL	
TITLE NAME	D TRUDEL, JULES	<input type="checkbox"/> Delete
STREET ADDRESS	93 MERRILL RD	
CITY-ST-ZIP	CANDIA NH 03034	
TITLE NAME	DT GARRY, JOANNA	<input type="checkbox"/> Delete
STREET ADDRESS	4111 LORENE DR #208	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE NAME	SD LEDDUKE, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	4110-110 LORENE DR	
CITY-ST-ZIP	ESTERO FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Hunt* Date: 9-21-2000 Daytime Phone #: 941-454-8568