FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756406** **(5)**

1. Corporation Name

SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3915 S. FLAGLER DRIVE #116 WEST PALM BEACH FL 33405 US	3915 S FLAGLER DRIVE #116 WEST PALM BEACH FL 33405 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1981
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-2195774 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27) # 902	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28) WEST PALM BEACH, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) 33401 / Country (30) USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SEGRAVES, J. SCOTT
4001 NE 16TH TERRACE
FT. LAUD FL 33334

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

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	PS	11 TITLE	P/D ☒ Change ☐ Addition
NAME	KLEMPNER, LISA	12 NAME	MCLEAN, LINDA
STREET ADDRESS	3915 S. FLAGLER DR #116	13 STREET ADDRESS	3915 S FLAGLER DRIVE, #102
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D	21 TITLE	VP/D ☒ Change ☐ Addition
NAME	SEGRAVES, J. SCOTT	22 NAME	ROSS, PETER
STREET ADDRESS	4001 NE 16TH TERR.	23 STREET ADDRESS	6165 TERRANERE CIRCLE
CITY-ST-ZIP	FT. LAUD FL	24 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T	31 TITLE	S/D ☒ Change ☐ Addition
NAME	CONE, DOUG	32 NAME	PIACENTINI, GRACIELA
STREET ADDRESS	3915 S FLAGLER DR #313	33 STREET ADDRESS	3915 S FLAGLER DRIVE, # 220
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP	41 TITLE	T/D ☒ Change ☐ Addition
NAME	FRONTIERO, TINA	42 NAME	SCHAET, ROBERT
STREET ADDRESS	3915 S FLAGLER DR #216	43 STREET ADDRESS	3915 S. FLAGLER DRIVE, #107
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CIRAZE, ROGER	52 NAME	
STREET ADDRESS	3915 S FLAGLER DR #319	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: Robert T. Schaet 04-30-95

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

0046007