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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

65-0429982

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER
MARQUIS MANAC...
9400 GLADIOLUS DR.
FT MYERS FL 33908

81

82

83

84

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME HUNT, FRED
STREET ADDRESS 4121-301 LORENE DR
CITY-ST-ZIP ESTERO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME KILPATRICK, ALAN
STREET ADDRESS 4110-104 LORENE DR
CITY-ST-ZIP ESTERO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS ☒ DELETE
NAME SCHEELE, KEN
STREET ADDRESS 4110-109 LORENE DR
CITY-ST-ZIP ESTERO FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME JULES TRUDEL
3.3 STREET ADDRESS 93 MERRILL ROAD
3.4 CITY-ST-ZIP SANDISO, NH 03034

TITLE DT ☒ DELETE
NAME FREEDMAN, BARRY
STREET ADDRESS 4121 LORENE DR #110
CITY-ST-ZIP ESTERO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME JOANNA GARRY
4.3 STREET ADDRESS 4111 LORENE DR. # 208
4.4 CITY-ST-ZIP ESTERO, FL 33928

TITLE D ☐ DELETE
NAME LEDDUKE, HOWARD
STREET ADDRESS 4110-110 LORENE DR
CITY-ST-ZIP ESTERO FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME SD
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999 9414548564

CR2E037 (1/98)