

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 AM 11:19

DOCUMENT # N94000003125

1. Corporation Name

Southbridge Condominium No. 1
Association, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT

98-00

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

a. Mailing Address

3. Date Incorporated or Qualified

4. FEI Number

65-0935073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current

10. Name and Address of New Registered Agent

81 Name

82

Stilson, Barbara

83

Pegasus Property Management Inc.

84

17595 South Tamiami Trail #200-2

Fort Myers, FL 33908

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation has elected to change 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 Stilson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRUCE PALMER	
1.3 STREET ADDRESS	25060 BALLYCASTLE #203	
1.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANCES HISAOKA	
2.3 STREET ADDRESS	25090 BALLYCASTLE #103	
2.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY BENAN	
3.3 STREET ADDRESS	25080 BALLYCASTLE #201	
3.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-19-2000

441-454-8568

CR2E037 (11/98)