

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 039 \*\*\*\*61.25

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<b>DOCUMENT # 756406</b> 1. Entity Name <b>SOUTHBIDGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 3915 S. FLAGLER DRIVE #116 WEST PALM BEACH, FL 33405 US			Mailing Address P.O. BOX 2319 PALM BEACH, FL 33480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HAROLD L. PELL MANAGEMENT, INC.</b> <b>14337 STIRRUP LANE</b> <b>WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Makes check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P HEITIES, RICHARD <input type="checkbox"/> Delete		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3915 S FLAGLER DR APT 118		NAME	LOVEJOY, DONALD	
STREET ADDRESS	WEST PALM BEACH, FL 33405		STREET ADDRESS	3915 S. FLAGLER DRIVE # 314	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BCH., FL 33405	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAW, JOHN		NAME	GRAW, JOHN	
STREET ADDRESS	3915 S. FLAGLER DRIVE, #313		STREET ADDRESS	3915 S. FLAGLER DRIVE # 313	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSS, ROSEMARY		NAME	HAGAN, RAY	
STREET ADDRESS	3369 S OCEAN BLVD #4-B1		STREET ADDRESS	3915 S. FLAGLER DRIVE #315	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	S <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVEJOY, DONALD		NAME	HARTEIS, RICHARD	
STREET ADDRESS	3915 S. FLAGLER DRIVE 314		STREET ADDRESS	3915 S. FLAGLER DRIVE # 118	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LITTLETON, ERICK		NAME	CLECKNER, MARYANN	
STREET ADDRESS	3915 S. FLAGLER DRIVE 221		STREET ADDRESS	620 CREST ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TORRES, GASTON	
STREET ADDRESS			STREET ADDRESS	3915 S. FLAGLER DRIVE # 216	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Donald W. Lovejoy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>FEBRUARY 28, 2006</b> <small>Date Daytime Phone #</small>		