


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90048 042 ****61.25

DOCUMENT # 756406 1. Entity Name SOUTHBIDGE CONDOMINIUM ASSOCIATION, INC.					
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 - No P.O. Box # 3915 SOUTH FLAGLER DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State		4. FEI Number 59-2195774	
Zip 33405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAROLD L. PELL MANAGEMENT, INC. 14337 STIRRUP LANE WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name HILLEY & WYANT-CORTEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 360 U.S. HWY. 1, SUITE 108 City NORTH PALM BEACH FL Zip Code 33408	
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 <u><i>[Signature]</i></u> V. Donald Hilley 4-2-07 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVEJOY, DONALD 3915 S FLAGLER DR, # 314 WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRAW, JOHN 3915 S FLAGLER DR, # 313 WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAGAN, RAY 3915 S FLAGLER DR, # 315 WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTEIS, RICHARD 3915 S FLAGLER DR, # 118 WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLECKNER, MARYANN 620 CREST RD PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, GASTON 3915 S FLAGLER DR, # 216 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LITTLETON, ERIC 3915 SOUTH FLAGLER DRIVE, # 221 WEST PALM BEACH, FL 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>[Signature]</i></u> JOHN GRAW 3/28/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					