

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90148 033 \*\*\*\*61.25

0041441

**DOCUMENT # 756406**

1. Entity Name

**SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**3915 S. FLAGLER DRIVE  
#116  
WEST PALM BEACH FL 33405  
US**

Mailing Address

**PO BOX 2319  
PALM BEACH FL 33430  
US**

2. Principal Place of Business

3. Mailing Address

**P O BOX 7610**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**West Palm Beach FL**

Zip

Country

**33405**

Country

**US**

4. FEI Number **59-2195774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ST. JOHN, DICKER, CAPLAN, KRIVOK & CORE  
500 AUSTRALIAN AVENUE., SUITE 600  
CLEARLAKE PLAZA  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **ST. JOHN CORE FIORE & LEMME, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1601 FORUM PL.  
SUITE 701**  
City **WEST PALM BEACH** FL Zip Code **33401**

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

*[Signature]*

**DAVID A. CORE, Secretary**

**4.23.03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZENTZ, CAROLYN	
STREET ADDRESS	3915 S FLAGLER DR. #305	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LOHR, MARY	
STREET ADDRESS	3915 S FLAGLER DRIVE #306	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERIDAN, TERRENCE	
STREET ADDRESS	3915 S FLAGLER DRIVE #309	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VOGELE, JOSEPH	
STREET ADDRESS	804 MARCO DRIVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SASALL, JAY	
STREET ADDRESS	PO BOX 105	
CITY-ST-ZIP	FLEETVILLE PA 18420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BICUDO, CECILIA	
STREET ADDRESS	3915 S FLAGLER DRIVE #221	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANFRATES, TONI ANN	
STREET ADDRESS	3915 S. FLAGLER DR. #109	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAWE, JOHN	
STREET ADDRESS	3915 S. FLAGLER DR. #313	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, FERNANDO	
STREET ADDRESS	3915 S. FLAGLER DR. #103	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, ROSEMARY	
STREET ADDRESS	3369 SO. OCEAN BLVD. #4-B1	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIorentino, MARCELLO	
STREET ADDRESS	343 FRANKLIN ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ALEXANDRA	
STREET ADDRESS	3915 S. FLAGLER #321	
CITY-ST-ZIP	PALM BEACH, FL 33405	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*[Signature]* **Toni Ann Manfrates** **4/11/03**

CR2E037 (10/02)

attachment

80098668  
#756406

LAW OFFICES  
**ST. JOHN, CORE, FIORE & LEMME, P.A.**

CENTURION TOWER, SUITE 701  
1601 FORUM PLACE  
WEST PALM BEACH, FLORIDA 33401

DAVID ST. JOHN  
DAVID A. CORE  
KEVIN J. FIORE  
THERESA M. LEMME  
JOSEPH JORDAN  
GEORGE SCHWIND, P.A.

TELEPHONE  
(561) 655-8994

TELECOPIER  
(561) 659-0850

OF COUNSEL  
CARI SUSSMAN PODESTA

April 24, 2003

Department of State  
Division of Corporations  
Uniform Business Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

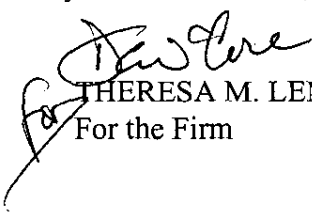
**Re: Southbridge Condominium Association, Inc. / Uniform Business Report (UBR)**

Dear Sir or Madam:

Enclosed please find the Uniform Business Report for Southbridge Condominium Association, Inc., along with check number 2666 in the amount of \$61.25 to cover the filing fee.

If you need anything further, please do not hesitate to contact me.

Very truly yours,

  
THERESA M. LEMME  
For the Firm

TML/cfg  
Enclosures  
cc: Association