


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000604 1. Entity Name SOUTHBRIDGE PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 115 N. TAMiami TRAIL, UNIT 10 NOKOMIS, FL 34275	Mailing Address 115 N. TAMiami TRAIL, UNIT 10 NOKOMIS, FL 34275
---	---

DO NOT WRITE IN THIS SPACE



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0982003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOYLE, TRACY 115 N. TAMiami TRAIL, UNIT 10 NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, SAMUEL 4323 PASADENA CT. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORD, MICHAEL 1433 E. PINE ST. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOYLE, TRACY 678 CAPISTRANO DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000521346
05/02/06-80129-014 61.25

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: T. Doyle **4-5-06** **941-185-3249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #