

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000604

FILED
Feb 13, 2007
Secretary of State

Entity Name: SOUTHBRIDGE PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

115 N. TAMIAMI TRAIL, UNIT 10
NOKOMIS, FL 34275

New Principal Place of Business:

115 N. TAMIAMI TRAIL,
UNIT 10
NOKOMIS, FL 34275

Current Mailing Address:

115 N. TAMIAMI TRAIL, UNIT 10
NOKOMIS, FL 34275

New Mailing Address:

115 N. TAMIAMI TRAIL,
UNIT 10
NOKOMIS, FL 34275

FEI Number: 65-0982003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, TRACY
115 N. TAMIAMI TRAIL, UNIT 10
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

DOYLE, TRACY
115 N. TAMIAMI TRAIL
UNIT 10
NOKOMIS, FL 34275 US

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.

SIGNATURE:

02/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLD, SAMUEL
Address: 4323 PASADENA CT.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: MCCORD, MICHAEL
Address: 1433 E. PINE ST.
City-St-Zip: NOKOMIS, FL 34275

Title: ST () Delete
Name: DOYLE, TRACY
Address: 678 CAPISTRANO DRIVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY DOYLE

ST

02/13/2007

Electronic Signature of Signing Officer or Director

Date