

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000604

FILED  
Jun 29, 2009  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0982003      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

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: \_\_\_\_\_

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 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

06/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date