

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90222 041 ****61.25

DOCUMENT # N00000007781

1. Entity Name
SOUTHBRIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business
5455 AIA SOUTH
ST AUGUSTINE, FL 32080

Mailing Address
5455 AIA SOUTH
ST AUGUSTINE, FL 32080

50052160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
30-0168520

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES, INC.
5455 AIA SOUTH
ST AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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 NAME	PD PEACOCK, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS	705-A COVERED BRIDGE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE NAME	VPD BUGBEE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	170-3 SOUTHERN BRIDGE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE NAME	TD JOHNSON, JULIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	305-3 BLUE LAKE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE NAME	SD ROSS, RENEE	<input type="checkbox"/> Delete
STREET ADDRESS	120-3 SOUTHERN BRIDGE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Peacock, Elaine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	705-4 Covered Bridge Rd.	
CITY-ST-ZIP	Jacksonville, FL. 32259	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD Loudenback, LYNN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	145-1 Southern Bridge Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32259	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	O. Bearden, Wendy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	405-3 steel Bridge North	
CITY-ST-ZIP	Jacksonville, FL. 32259	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elaine Peacock* ELAINE PEACOCK

5-6-05