


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90040 036 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

5. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH ST AUGUSTINE, FL 32080	
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40055555



04282006 Chg-NP CR2E037 (4/06)

4. FEI Number 30-0168520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, ELAINE	
STREET ADDRESS	705-4 COVERED BRIDGE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUGBEE, ROBERT	
STREET ADDRESS	170-3 SOUTHERN BRIDGE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOUDERBACK, LYNN	
STREET ADDRESS	145-1 SOUTHERN BRIDGE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, RENEE	
STREET ADDRESS	120-3 SOUTHERN BRIDGE BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEARDEN, WENDY	
STREET ADDRESS	405-3 STEEL BRIDGE NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Bugbee	
STREET ADDRESS	170-3 Southern Bridge Blvd	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Ross	
STREET ADDRESS	120-3 Southern Bridge Blvd	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd Thomsen	
STREET ADDRESS	505 Steel Bridge Road S. #2	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elaine Peacock	
STREET ADDRESS	705-4 Covered Bridge Rd	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alana Saldan	
STREET ADDRESS	145-3 Southern Bridge Blvd	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert Bugbee 5/15/06 (904) 230-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #