


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 029 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0168520	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH ST AUGUSTINE, FL 32080				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 September 12, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUGBEE, ROBERT 170-3 SOUTHERN BRIDGE BLVD. JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn Louderback 145 Southern Bridge Blvd #1 Saint Johns, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMSEN, TODD 505 STEAL BRIDGE ROAD S. #2 JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Price 110-3 Southern Bridge Blvd Saint Johns, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSS, RENEE 120-3 SOUTHERN BRIDGE BLVD. JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Price 110-3 Southern Bridge Blvd Saint Johns, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEACOCK, ELAINE 705-4 COVERED BRIDGE RD. JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Price 110-3 Southern Bridge Blvd Saint Johns, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILDAN, ALANA 145-3 SOUTHERN BRIDGE BLVD. JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Price 110-3 Southern Bridge Blvd Saint Johns, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILDAN, ALANA 145-3 SOUTHERN BRIDGE BLVD. JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Price 110-3 Southern Bridge Blvd Saint Johns, FL 32259	
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: <u>Elaine Peacock</u>			8-29-08 904-230-3388 Date Daytime Phone #		