

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007781

FILED  
Sep 11, 2009  
Secretary of State

**Entity Name:** SOUTHBRIDGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5455 AIA SOUTH  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

12627 SAN JOSE BLVD  
502  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

5455 AIA SOUTH  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

12627 SAN JOSE BLVD  
502  
JACKSONVILLE, FL 32223

**FEI Number:** 30-0168520      **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:**

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

**Name and Address of New Registered Agent:**

MAY MANAGEMENT SERVICES, INC.  
12627 SAN JOSE BLVD  
502  
JACKSONVILLE, FL 32223      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: \_\_\_\_\_

09/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BUGBEE, ROBERT  
Address: 170-3 SOUTHERN BRIDGE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: T      ( ) Delete  
Name: THOMSEN, TODD  
Address: 505 STEAL BRIDGE ROAD S. #2  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D      ( ) Delete  
Name: LOUDERBACK, LYNN  
Address: 145 SOUTHERN BRIDGE BLVD #1  
City-St-Zip: SAINT JOHNS, FL 32259

Title: S      ( ) Delete  
Name: PEACOCK, ELAINE  
Address: 705-4 COVERED BRIDGE RD.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D      ( ) Delete  
Name: PRICE, DAVID  
Address: 110-3 SOUTHERN BRIDGE BLVD  
City-St-Zip: SAINT JOHNS, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T      (X) Change ( ) Addition  
Name: THOMSEN, TODD  
Address: 505 STEEL BRIDGE ROAD S. #2  
City-St-Zip: SAINT JOHNS, FL 32259

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: ELAINE PEACOCK

S

09/11/2009

Electronic Signature of Signing Officer or Director

Date