2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08539

FILED Apr 13, 2009 Secretary of State

Entity Name: SOUTH BRIDGE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1525 S. TAMIAMI TRAIL 1525 S. TAMIAMI TRAIL

#603 #603

VENICE, FL 34292 US VENICE, FL 34285 US

Current Mailing Address: New Mailing Address:

1525 S. TAMIAMI TRAIL 1525 S. TAMIAMI TRAIL

#603 #603

VENICE, FL 34292 US VENICE, FL 34285 US

FEI Number: 59-2700336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CODVILLE, BRUCE

1525 SO TAMIAMI TRAIL

#603

VENICE, FL 34292 US

CODVILLE, BRUCE

1525 SO TAMIAMI TRAIL

#603

#603

VENICE, FL 34285 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: 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PTD () Delete Title: PTD (X) Change () Addition

 Name:
 CODVILLE, BRUCE
 Name:
 CODVILLE, BRUCE

 Address:
 1525 S TAMIAMI TRAIL #603
 Address:
 1525 S TAMIAMI TRAIL #603

City-St-Zip: VENICE, FL City-St-Zip: VENICE, FL 34285

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ROBERTS, DONNA
 Name:
 ROBERTS, DONNA

 Address:
 1515 S. TAMIAMI TRAIL
 Address:
 1515 S. TAMIAMI TRAIL

 City-St-Zip:
 VENICE, FL
 City-St-Zip:
 VENICE, FL
 34285

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: CHAMPION, DAVID Name: CHAMPION, DAVID
Address: 1515 S. TAMIAMI TRAIL, SUITE 3 Address: 1515 S. TAMIAMI TRAIL, SUITE 3

City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34285

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: B. H. CODVILLE MGR. 04/13/2009