

DOCUMENT # N12147

1. Entity Name

SOUTH BRIDGE PARK CONDOMINIUM ASSOCIATION, INC.,**FILED**
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90031 003 ****61.25

Principal Place of Business	Mailing Address
C/O BRUCE CODVILLE 1515 SO TAMiami TRAIL STE 6A VENICE FL 34292 US	C/O B. CODVILLE 1515 SO TAMiami TRAIL STE 6A VENICE FL 34292-3557 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0248178	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CODVILLE, BRUCE H. 1515 S TAMiami TRAIL STE. 6 VENICE FL 34292

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.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	--------------------------------	--

10. OFFICERS AND DIRECTORS		
TITLE	PD	Delete
NAME	CODVILLE, BRUCE H.	
STREET ADDRESS	1515 SO TAMiami TRAIL STE 6A	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	Delete
NAME	MCEACHERN, DONALD	
STREET ADDRESS	1511 S. TAMiami TR. #201	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	Delete
NAME	DOWD, JOHN F.	
STREET ADDRESS	1521 S TAMiami TRAIL #303	
CITY-ST-ZIP	VENICE FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
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: <i>BRUCE H. CODVILLE</i>	04/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone #

CR2E037 (9/99)