


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90336 001 ***245.00

DOCUMENT # N12147	
1. Entity Name SOUTH BRIDGE PARK CONDOMINIUM ASSOCIATION, INC., NO. 2	

Principal Place of Business 1525 S TAMiami TRAIL #603 VENICE FL 34292 US	Mailing Address 1525 S TAMiami TRAIL #603 VENICE FL 34292 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0248178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CODVILLE, BRUCE H. 1525 S TAMiami TRAIL #603 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME CODVILLE, BRUCE H.	TITLE	NAME
STREET ADDRESS 1525 S TAMiami TRAIL STE 603	CITY - ST - ZIP VENICE FL	STREET ADDRESS	CITY - ST - ZIP
TITLE SD	NAME MCEACHERN, DONALD	TITLE	NAME
STREET ADDRESS 1511 S. TAMiami TR. #201	CITY - ST - ZIP VENICE FL	STREET ADDRESS	CITY - ST - ZIP
TITLE TD	NAME DOWD, JOHN F.	TITLE	NAME
STREET ADDRESS 1521 S TAMiami TRAIL #303	CITY - ST - ZIP VENICE FL	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  B.H. CODVILLE	3/24/07
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