

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

95-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000004942

1. Corporation Name

SouthBridge Condominium No 6 Assoc. Inc

Principal Place of Business

Mailing Address

Pegasus Property Management
13400 S Cleveland Ave #203
Fort Myers, FL 33907

Pegasus Property Management
13400 S Cleveland Ave #203
Fort Myers, FL 33907

FILED

99 MAY 18 PM 2:59

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95-99
258
5/18/99

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11-2-93	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0492771	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street

BARBARA A. STILSON
C/O PEGASUS PROPERTY MGMT. INC.
13400 S. CLEVELAND AVE. # 203

84 City

FORT MYERS, FL 33907

5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Barbara A. Stilson

(NOTE: Registered Agent signature required when reinstating)

4-20-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D.	11 TITLE	
NAME	Jesse Morheim	12 NAME	000002892939--7
STREET ADDRESS	3431 Bally Bridge Cr 101	13 STREET ADDRESS	-08/02/98--01077--012
CITY-ST-ZIP	Bonita Springs, FL 34134	14 CITY-ST-ZIP	****481.25 ****481.25
TITLE	V.P.D.	21 TITLE	
NAME	Ronald Samal	22 NAME	
STREET ADDRESS	3441 Bally Bridge Cr 210	23 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs FL 34134	24 CITY-ST-ZIP	
TITLE	S-T	31 TITLE	
NAME	Mary Lou YITANZA	32 NAME	
STREET ADDRESS	3222 GEORGIAN CT	33 STREET ADDRESS	
CITY-ST-ZIP	ENG, PA 16506	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jesse Morheim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

DATE

911-454-8568

Da.ime Phone #

CR2E037 (11/98)