

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004942

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 6 ASSOCIATION, INC.

Principal Place of Business

% PEGASUS PROPERTY MANAGEMENT
17595 S TAMiami TR #200-2
FORT MYERS FL 33908

Mailing Address

% PEGASUS PROPERTY MANAGEMENT
17595 S TAMiami TR #200-2
FORT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STILSON, BARBARA A
% PEGASUS PROPERTY MANAGEMENT
17595 S TAMiami TR #200-2
FORT MYERS FL 33908

4. FEI Number

65-0492771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 ☐ Delete

NAME PD
STREET ADDRESS MOSHEIM, JESSE
CITY-ST-ZIP 3431 BALLY BRIDGE CR., #101
BONITA SPRINGS FL 34134

TITLE ☒ Delete

NAME VPD
STREET ADDRESS SARRAF, RONALD
CITY-ST-ZIP 3441 BALLY BRIDGE CR., #210
BONITA SPRINGS FL 34134

TITLE ☒ Delete

NAME ST
STREET ADDRESS VITANZA, MARY LOU
CITY-ST-ZIP 3222 GEORGIAN CT
ERYE PA 16506

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 VPD
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 PD
STREET ADDRESS SHELDON ANDERSON
CITY-ST-ZIP 3441 BALLY BRIDGE CR., #202
BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition

NAME ST
STREET ADDRESS JERRY JERNIGAN
CITY-ST-ZIP 3431 BALLY BRIDGE CR. #201
BONITA SPRINGS FL 34134

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:

Sheldon H. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-01 941-992-7540

Date

Daytime Phone #

CR2E037 (10/00)

0004954

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90019 030 ****61.25

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DO NOT WRITE IN THIS SPACE