## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



·		·			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Name SOUTHBRIDGE CONDOMINIUM NO. 6 ASSOCIATION, INC.					04	-30-2007 9039	95 007 ****6	1.25	
% PEGASUS 17595 S TA	ce of Business 5 PROPERTY MANAGEMENT MIAMI TR STE 100 S, FL 33908	% P 175	ng Address EGASUS PROPERT 95 S TAMIAMI TR T MYERS, FL 339	STE 100		<b>.</b>	80%) BJOID (811) BIBKO (1	AMAN AN HEAN	
2. Principal F	Place of Business - No P.O. Box #	3. Ma	iling Address						
Suite, Apt.	. #, etc.	St	Suite, Apt. #, etc.		04092007 Ch	g-NP CF	CR2E037 (12/06)		
City & Sta	te	Ci	ty & State	,	4. FEI Number 65-0492771		<b>⊢</b>	pplied For ot Applicable	
Zip	Country	Zi	p	Country	5. Certificate of Sta	tus Desired	\$9.75	ditional	
	6. Name and Address of Curre	nt Register	ed Agent		7. Name and Addr	ss of New Regist	ered Agent		
17595 S T	N, GARY GUS PROPERTY MANAGEME 'AMIAMI TR STE 100 ERS, FL 33908	ENT		Name Street Addre	ss (P.O. Box Number is N	ot Acceptable)			
, , , , , , , , , , , , , , , , , , ,				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	le	
SIGNATURE	Signature, typed or printed name of registered age	ent and title # epi	9. Election Car	E: Registered Agent signature req	\$5.00 May Be	Make (	check payable t		
10.	Due by May 1, 2007  OFFICERS AND 0	NECTORS	nust rund t	11.	Added to Fees ADDITIONS/CHANGES		epartment of S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SARRAF, RON 3441 BALLYBRIDGE CIR #201 BONITA SPRINGS, FL 34134		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE	S TO OFFICERS AN	Change	Addition	
TITLE NAME STREET ADDRESS CIFY-S1-ZIP	PD ANDERSON, SHELDON 3441 BALLYBRIDGE CIR #102 BONITA SPRINGS, FL 34134	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JERNIGAN, JERRY 3441 BALLYBRIDGE CIR #201 BONITA SPRINGS, FL 34134		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. Thereby	certify that the information supplied will on this report or supplemental report								

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR