

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90297 009 \*\*\*\*61.25

**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**

**11019692**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 100**

Suite, Apt. #, etc.

**SUITE 100**

City & State

City & State

4. FEI Number **65-0492771**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**SUITE 100**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD MOSHEIM, JESSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3431 BALLY BRIDGE CR., #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	PD ANDERSON, SHELDON	<input type="checkbox"/> Delete
STREET ADDRESS	3441 BANNYBRIDGE CIRCLE #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	ST JERNIGAN, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	3431 BANNYBRIDGE CIRCLE #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VD RON SARRAF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3441 BALLYBRIDGE CIRCLE, #201	
CITY-ST-ZIP	FORT MYERS, FL 34134	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BALLYBRIDGE	
CITY-ST-ZIP		
TITLE NAME	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BALLY BRIDGE	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Signature of Registered Agent*

4/10/03 239-454-8568

CR2E037 (10/02)