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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 13 PM 12:35

NONPROFIT CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000560

1. Corporation Name
SOUTHBRIDGE Condominium No 7 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

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	2-4-94	65-0492776	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	Zip	Country	6. Election Campaign Financing		\$5.00 May Be Added to Fees
24	Country	Zip	Trust Fund Contribution		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name
	82 Street
	83 City
	84 Zip Code
	BARBARA A. STILSON C/O PEGASUS PROPERTY MGMT. INC. 13400 S. CLEVELAND AVE. # 203 FORT MYERS, FL 33907

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Barbara A. Stilson DATE: 9-20-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D	1.1 TITLE	
NAME	CARL Eckhard	1.2 NAME	
STREET ADDRESS	3401 Tulee Ct # 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	1.4 CITY-ST-ZIP	
TITLE	V.P.D	2.1 TITLE	
NAME	Leo Michaelo	2.2 NAME	
STREET ADDRESS	3401 Tulee Ct 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs FL 34134	2.4 CITY-ST-ZIP	
TITLE	S.T.D	3.1 TITLE	
NAME	Stephen Rudan	3.2 NAME	
STREET ADDRESS	3401 Tulee Ct 201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	Robert Kurfis	4.2 NAME	
STREET ADDRESS	2703 Oakwood Dr # 112-H	4.3 STREET ADDRESS	
CITY-ST-ZIP	Olmsted Falls, OH 44128	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 817, 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: Carl Eckhard DATE: 9-20-99 DAYTIME PHONE: 941-454-8568

CR2E037 (11/98)