

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90045 047 ****61.25

DOCUMENT # N94000000560

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 7 ASSOCIATION, 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 33907-3897



DO NOT WRITE IN THIS SPACE

Pegasus Property Management Inc.
 17595 South Tamiami Trail #200-2
 Fort Myers, FL 33908

3. Mailing Address

Pegasus Property Management Inc.
 17595 South Tamiami Trail #200-2
 Fort Myers, FL 33908

4. FEI Number **65-0492776** Applied For
 Not Applicable

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
 13400 S CLEVELAND AVE #203
 FORT MYERS FL 33907

Stilson, Barbara
 Pegasus Property Management Inc.
 17595 South Tamiami Trail #200-2
 Fort Myers, FL 33908

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 Barbara A Stilson Agent DATE 3-8-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHARD, CARL		NAME		
STREET ADDRESS	3401 IRALEE CT #101		STREET ADDRESS	3401 TRALEE CT #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, LEO		NAME	LEO MICHELS	
STREET ADDRESS	3401 IRALEE CT #102		STREET ADDRESS	3401 TRALEE CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDAN, STEPHEN		NAME		
STREET ADDRESS	3401 IRALEE CT #201		STREET ADDRESS	3401 TRALEE CT #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURFIS, ROBERT		NAME	ROBERT KURFIS	
STREET ADDRESS	27031 OAKWOOD DR #112-H		STREET ADDRESS	3400 TRALEE CT #102	
CITY-ST-ZIP	OLMSTED FALLS OH 44188		CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DOUG SMITH	
STREET ADDRESS			STREET ADDRESS	3400 TRALEE CT #202	
CITY-ST-ZIP			CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carl Eckhard (941) 948-1345 DATE: 3/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #