2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400000560

1. Entity Name
SOUTHBRIDGE CONDOMINIUM NO. 7 ASSOCIATION,
INC.



FILED

Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90356 004 ****61.25

390-1595

60029473

Principal Place of Business
PEGASUS PROPERTY MANAGEMENT
17595 SOUTH TAMIAMI TRAIL #100
FORT MYERS, FL 33908

SIGNATURE:

Mailing Address

PEGASUS PROPERTY MANAGEMENT 17595 SOUTH TAMIAMI TRAIL #100 FORT MYERS FL 33008

TORT MITERS, FE 33300								I BBIII BBIK BI				
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			03082006 Chg-NP CR2E037 (11/05)						
City & Stat	е	City	& State			4. FEI Numbe 65-049	2776	- 7,		 - - `	plied For t Applicable	
Zip	Country	Zip		Country	,	5. Certificate				\$8.75 Add	itional	
,	6. Name and Address of Current	Registere	d Agent			7. Name and	Addres	s of New R	egistered .	Agent		
					Name GAI MARSDEN, GARY							
PEGASUS PROPERTY MANAGEMENT				Stre	Street Address (P.O. Box Number is Not Acceptable)							
17595 SOUTH TAMIAMI TRAIL #100 FORT MYERS, FL 33908												
, 0, 1, 1, 1, 1				City					FL	Zip Cod	9	
8. The above	named entity submits this statement fo	r the purpo	ose of changing its re	eaistered offic	e or registe	ered agent, or bot	h. in the	State of Flo			and accept	
	ions of registered agent.	وسر	01	•			.,					
	L.	/		1				1011	1-0			
SIGNATURE .	Signature, typed or printed name of registered agent	roy	1100	Description of Second				476	106			
	Signature, typed or printed marile of registered agent.	and sue rappi		negistered Agent s	agnature require	ed when reinstating)			DATE	 		
Filling Fee is \$61.25			9. Election Campaign Financing			\$5.00 May Be Make check payable t						
	Due by May 1, 2006		Trust Fund Co	ontribution.		Added to Fees		Flor	ida Depar	tment of St	ate	
10.	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CH	ANGES	TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE	VD医療機		☐ Delete	TITLE	TD	. 049	27° 7G			☐ Change	Addition	
NAME	ROYER, HAROLD			NAME							-	
STREET ADDRESS CITY-ST-ZIP	3401 TRALEE COURT #201			STREET ADDR	ESS	2						
	BONITA SPRINGS, FL 34134 PD			·	-	ţ						
TITLE NAME	TUNELL, JACK		☐ Delete	TITLE NAME						☐ Change	☐ Addition	
STREET ADDRESS	3401 TRALEE CT #102			STREET ADDR	ESS							
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP								
TITLE	D		☐ Defete	TITLE	5D					Change	Addition	
NAME	KURFIS, ROBERT			NAMĘ						-	_	
STREET ADDRESS	3400 TRALEE CT #102			STREET ADDRE	ESS -		· ·					
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			C!TY-ST-ZIP								
TITLE	D		☐ Detete	TITLE	, VD					🔼 Change	Addition	
NAME CIDECT ADDRESS	LEREW, ROBERT 3401 TRALEE COURT #101			NAME STREET ADDR								
STREET ADDRESS CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	C333							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME			□ pelete	NAME							Addition	
STREET ADDRESS				STREET ADDR	ESS							
CITY-ST-ZIP				CITY-ST-ZIP								
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAME								
STREET ADDRESS				STREET ADDR	ESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

TUNELL

JOHN C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR