## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # N9400000560



**FILED** Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90098 036 \*\*\*\*61 25

1. Entity Nam SOUTHB INC.	RIDGE C	CONDOMINIUM NO	. 7 ASS	SOCIATION,	:			0-	1-23-2007	J00J8 (	,50 01	23
PEGASUS PROPERTY MANAGEMENT PEG 17595 SOUTH TAMIAMI TRAIL #100 175				illing Address Egasus Property Management 7595 South Tamiami Trail #100 Dry Myers, FL 33908								
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Maili	ng Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				04092007 CH	ng-NP	CR2E	037 (12/06)	
City & State			City	& State		4. FEI Number 65-0492776				N	oplied For ot Applicable	
Zip Country			Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current F	Registered	Agent		Name		7. Name and Add	ress of New F	Registered	d Agent	
GAI MARSDEN, GARY					Name Street Address (P.O. Box Number is Not Acceptable)							
PEGASUS PROPERTY MANAGEMENT 17595 SOUTH TAMIAMI TRAIL #100 FORT MYERS, FL 33908						- Ollock Addition		.0. 00x /10/1100/10/10	TOT MODERALES			
					City				F	Zip Cod	 le	
	named entit tions of regis	y submits this statement for tered agent.	the purpo	se of changing its	register	ed office or regis	istere	ed agent, or both, in	the State of Fi	iorida. I ar	n familiar with	and accept
SIGNATURE .	Signature, typeo	for printed name of registered agent a	and title if appli	cable. (NOTE	Registere	d Agent signature requ	quired v	when reinstating)		DATE		
	•	e is \$61.25 flay 1, 2007		9. Election Carr Trust Fund C				\$5.00 May Be Added to Fees			ck payable t artment of S	
10.	,	OFFICERS AND DIR	ECTORS		11.		A	DDITIONS/CHANG	ES TO OFFICE	RS AND [	DIRECTORS IN	l 10
TITLE NAME STREET ADDRESS	TD ROYER, I 3401 TR/	HAROLD ALEE COURT #201		☐ Delete	TITLE NAM STRE						☐ Change	Addition
CITY+ST-ZIP	<del></del>	SPRINGS, FL 34134			CITY	-ST-ZIP					_ <del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	JACK NLEE CT #102 SPRINGS, FL 34134		☐ Delete	1	1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROBERT NLEE CT #102 SPRINGS, FL 34134		☐ Delete		i.	•	7.7			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	ROBERT NLEE COURT #101 SPRINGS, FL 34134		☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l.		_			Change	☐ Addition

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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytine Phone 4

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