

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90016 018 ****61.25

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DOCUMENT # N94000000560

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 7 ASSOCIATION, INC.



Principal Place of Business

**PEGASUS PROPERTY MANAGEMENT
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908**

Mailing Address

**PEGASUS PROPERTY MANAGEMENT
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0492776**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STILSON, BARBARA A
PEGASUS PROPERTY MANAGEMENT
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908**

Name

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

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 _____ (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	PD	<input checked="" type="checkbox"/> Delete
NAME	ECKHARD, CARL	
STREET ADDRESS	3401 TRALEE CT #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TUNELL, JACK	
STREET ADDRESS	3401 TRALEE CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RUDAN, STEPHEN	
STREET ADDRESS	3401 TRALEE CT #201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURFIS, ROBERT	
STREET ADDRESS	3400 TRALEE CT #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOUG	
STREET ADDRESS	3400 TRALEE CT #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD ROYER	
STREET ADDRESS	3401 TRALEE COURT # 201	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT LEREW	
STREET ADDRESS	3401 TRALEE COURT # 101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED**

4/10/04 239-454-8568

CR2E037 (10/02)