


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90052 010 ****61.25

| | | | | | |
|--|-------------------------------------|--|--|---|--|
| DOCUMENT # N94000002866 1. Entity Name SOUTHBRIDGE CONDOMINIUM NO. 5 ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O PEGASUS PROPERTY MANAGEMENT, INC. 17595-100 S TAMiami TR FORT MYERS, FL 33908 US | | | Mailing Address C/O PEGASUS PROPERTY MANAGEMENT, INC. 17595-100 S TAMiami TR FORT MYERS, FL 33908 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03282008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-0527092 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MARSDEN, GARY PEGASUS PROPERTY MGMT 17595 SOUTH TAMiami TRAIL # 100 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JUDGE, ROBERT | | NAME | | |
| STREET ADDRESS | 3470 BALLYBRIDGE CIRCLE #201 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BONITA SPGS, FL 34134 | | CITY - ST - ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CROWLEY, JOHN | | NAME | VP | |
| STREET ADDRESS | 3450 BALLYBRIDGE CIRCLE #202 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BONITA SPGS, FL 34134 | | CITY - ST - ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRYWALSKI, FRANK | | NAME | T Gerald Baker | |
| STREET ADDRESS | 3470 BALLYBRIDGE CIR #202 | | STREET ADDRESS | 3580 Ballybridge cl. #101 | |
| CITY - ST - ZIP | BONITA SPRINGS, FL 34134 | | CITY - ST - ZIP | Bonita Springs, FL 34134 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MELAIK, ROBERT | | NAME | SD | |
| STREET ADDRESS | 3460 BALLYBRIDGE CIRCLE #101 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BONITA SPRINGS, FL 34134 | | CITY - ST - ZIP | | |
| 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 | | |
| 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 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: <u>Robert J. Judge</u> President 4/5/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |