2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002866

FILED Mar 09, 2009 Secretary of State

Entity Name: SOUTHBRIDGE CONDOMINIUM NO. 5 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O PEGASUS PROPERTY MANAGEMENT, INC. 17595-100 S TAMIAMI TR FORT MYERS, FL 33908 US **New Mailing Address: Current Mailing Address:** C/O PEGASUS PROPERTY MANAGEMENT, INC. 17595-100 S TAMIAMI TR FORT MYERS, FL 33908 US FEI Number: 65-0527092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARSDEN, GARY ALLEN, STEVEN PEGASUS PROPERTY MGMT PEGASUS PROPERTY MGMT 17595 SOUTH TAMIAMI TRAIL # 100 17595 SOUTH TAMIAMI TRAIL # 100 FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US 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: STEVEN ALLEN 03/09/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition JUDGE, ROBERT Name: Name: 3470 BALLYBRIDGE CIRCLE #201 Address: Address: City-St-Zip: BONITA SPGS, FL 34134 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: CROWLEY, JOHN Name: MELAIK, ROBERT Address: 3450 BALLYBRIDGE CIRCLE #202 Address: 3460 BALLYBRIDGE CIRCLE #101 City-St-Zip: BONITA SPGS, FL 34134 City-St-Zip: BONITA SPGS, FL 34134 Title: () Delete Title: TSD (X) Change () Addition BAKER, GERALD SEELAND, CARLTON Name: Name: 3580 BALLY BRIDGE CT. #101 3560 BALLY BRIDGE CT. #103 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: SD (X) Delete Title: () Change () Addition Name: MELAIK, ROBERT Name: 3460 BALLYBRIDGE CIRCLE #101 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN ALLEN A 03/09/2009