

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

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

04-14-2003 90016 019 ****61.25

DOCUMENT # N94000002866

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 5 ASSOCIATION, INC.



Principal Place of Business

**C/O PEGASUS PROPERTY MANAGEMENT, INC.
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908
US**

Mailing Address

**C/O PEGASUS PROPERTY MANAGEMENT, INC.
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

City & State

4. FEI Number **65-0527092**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STILSON, BARBARA A
PEGASUS PROPERTY MGMT
17595 SOUTH TAMiami TRAIL #200-233908
FORT MYERS FL 33908**

Name

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

SUITE 100

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **VPD** ☐ Delete
NAME **JUDGE, ROBERT**
STREET ADDRESS **3470 BALLYBRIDGE CIRCLE #201**
CITY-ST-ZIP **BONITA SPGS FL 34134**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PT** ☐ Delete
NAME **MURRAY, BRUCE**
STREET ADDRESS **3451 BALLYBRIDGE CIRCLE #201**
CITY-ST-ZIP **BONITA SPGS FL 34134**

TITLE **PT D** ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **GRYWALSK8I, FRANK**
STREET ADDRESS **3470 BALLYBRIDGE CIR #202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **SA** ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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**

4/10/03 239-454-8568

CR2E037 (10/02)