

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90226 010 \*\*\*\*61.25

<b>DOCUMENT # N94000003125</b> 1. Entity Name <b>SOUTHBRIDGE CONDOMINIUM NO. 1 ASSOCIATION, INC.</b>					
Principal Place of Business <b>PEGASUS PROPERTY MANAGEMENT, INC. SUITE 100 FORT MYERS, FL 33908</b>			Mailing Address <b>PEGASUS PROPERTY MANAGEMENT, INC. SUITE 100 FORT MYERS, FL 33908</b>		
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 <b>65-0935073</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STILSON, BARBARA PEGASUS PROPERTY MANAGEMENT, INC. SUITE 100 FORT MYERS, FL 33908</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
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	<b>PALMER, BRUCE</b>		NAME		
STREET ADDRESS	<b>25060 BALLYCASTLE #203</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FREEDMAN, BOB</b>		NAME		
STREET ADDRESS	<b>25080 BALLYCASTLE #101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORSE, MERTON</b>		NAME		
STREET ADDRESS	<b>25090 BALLYCASTLE COURT #101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>		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 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.					
<b>SIGNATURE:</b> <i>Bruce Palmer</i>			Date <i>4/28/2004</i> Daytime Phone # <i>238-454-8568</i>		