

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90098 034 ****61.25

DOCUMENT # N94000003125

1. Entity Name
SOUTHBRIDGE CONDOMINIUM NO. 1 ASSOCIATION, INC.



Principal Place of Business
**PEGASUS PROPERTY MANAGEMENT, INC.
SUITE 100
FORT MYERS, FL 33908**

Mailing Address
**PEGASUS PROPERTY MANAGEMENT, INC.
SUITE 100
FORT MYERS, FL 33908**

40076041



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0935073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARSDEN, GARY
PEGASUS PROPERTY MANAGEMENT, INC.
SUITE 100
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	PAIL, WILLIAM	
STREET ADDRESS	25060 BALLYCASTLE #203	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEDMAN, BOB	
STREET ADDRESS	25080 BALLYCASTLE #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORSE, MERTON	
STREET ADDRESS	25090 BALLYCASTLE COURT #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHOEMAKER, JASON	
STREET ADDRESS	25060 BALLY CASTLE COURT #103	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNSON, RONALD	
STREET ADDRESS	25070 - 202 BALLYCASTLE	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #