


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90076 011 ****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 | | |
| 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 | 4. FEI Number 65-0935073 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u>Gary Marsden C.A.M.</u> DATE <u>4/7/08</u> <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)</small> | | | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD PAUL, WILLIAM 25060 BALLYCASTLE #203 BONITA SPRINGS, FL 34134 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | WILLIAM PAUL <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD FREEDMAN, BOB 25080 BALLYCASTLE #101 BONITA SPRINGS, FL 34134 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPD MORSE, MERTON 25090 BALLYCASTLE COURT #101 BONITA SPRINGS, FL 34134 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD SHOEMAKER, JASON 25060 BALLY CASTLE COURT #103 BONITA SPRINGS, FL 34134 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D BULSON, RONALD 25070 202 BALLYCASTLE BONITA SPRINGS, FL 34134 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |

00011103



03312008 Chg-NP CR2E037 (12/06)