

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91192 020 ****61.25

DOCUMENT # N94000003125

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 1 ASSOCIATION, INC.



Principal Place of Business

PEGASUS PROPERTY MANAGEMENT, INC.
17595 S. TAMiami TRAIL #200-2
FORT MYERS FL 33908

Mailing Address

PEGASUS PROPERTY MANAGEMENT, INC.
17595 S. TAMiami TRAIL #200-2
FORT MYERS FL 33908

20031681



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

City & State

4. FEI Number **65-0935073**

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
PEGASUS PROPERTY MANAGEMENT, INC.
17595 S. TAMiami TRAIL, #200-2
FORT MYERS FL 33908

Name

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

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 **PD** ☐ Delete
NAME **PALMER, BRUCE**
STREET ADDRESS **25080 BALLYCASTLE #203**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **STD** ☒ Delete
NAME **HISAOKA, FRANCES**
STREET ADDRESS **25090 BALLYCASTLE #103**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VPD** ☐ Change ☐ Addition
NAME **BOB FREEDMAN**
STREET ADDRESS **25080 BALLYCASTLE, #101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **VPD** ☒ Delete
NAME **FORMICOLA, MARIE**
STREET ADDRESS **25070 BALLYCASTLE #102**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** ☐ Change ☐ Addition
NAME **MERTON MORSE**
STREET ADDRESS **25090 BALLYCASTLE COURT, #101**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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
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
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 no name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Stilson

4/5/2003

239-
454-8568

CR2E037 (10/02)