

**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
Suite, Apt. #, etc.
100

3. Mailing Address
Suite, Apt. #, etc.
100

CHECK HERE IF MAKING CHANGES

City & State
100

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, BRUCE 25080 BALLYCASTLE #203 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HISAOKA, FRANCES 25090 BALLYCASTLE #103 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOB FREEDMAN 25080 BALLYCASTLE, #101 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORMICOLA, MARIE 25070 BALLYCASTLE #102 BONITA SPRINGS FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERTON MORSE 25090 BALLYCASTLE COURT, #101 BONITA SPRINGS FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara Stilson* **BARBARA STILSON**

4/15/2003
239-454-8568

CR2E037 (10/02)