

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003153 (3)

1. Corporation Name

SOUTHBRIDGE CONDOMINIUM NO. 3 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O DICKINSON MGMT INC  
11691 GATEWAY BLVD 105  
FT MYERS FL 33913  
US

C/O DICKINSON MGMT INC  
11691 GATEWAY BLVD  
FT MYERS FL 33913  
US

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

08/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Michael Fleming 3 Assoc  
Suite, Apt. #, etc.

26 Michael Fleming 3 Assoc  
Suite, Apt. #, etc.

22 12134 Kenwood Lane

27 12134 Kenwood Lane

23 Ft. Myers, FL

28 Ft. Myers, FL

24 33907

29 33907

25 US

30 US

4. FEI Number

65-0527094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J  
700 N.W. 107TH AVE.  
MIAMI FL 33172

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME GOENAGA, ARMANDO J  
STREET ADDRESS 5245 BIG PINE WAY, SUITE 102  
CITY-ST-ZIP FORT MYERS FL 33907

1.1 TITLE DP  
1.2 NAME Andrew BUSTAK  
1.3 STREET ADDRESS 5245 Big Pine Way #102  
1.4 CITY-ST-ZIP FORT MYERS, FL 33907

TITLE DV  
NAME KLINE, JULIE  
STREET ADDRESS 5245 BIG PINE WAY, SUITE 102  
CITY-ST-ZIP FORT MYERS FL 33907

2.1 TITLE DV  
2.2 NAME JOHN NARDOZZA  
2.3 STREET ADDRESS 5245 Big Pine Way #102  
2.4 CITY-ST-ZIP FORT MYERS, FL 33907

TITLE DST  
NAME SASLOE, JODI  
STREET ADDRESS 5245 BIG PINE WAY, SUITE 102  
CITY-ST-ZIP FORT MYERS FL 33907

3.1 TITLE DST  
3.2 NAME Julie Kline  
3.3 STREET ADDRESS 5245 Big Pine Way, Suite 102  
3.4 CITY-ST-ZIP FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96 (941) 936-4663

CR2E037 (3/96)