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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
MICHAEL FLEMING AND ASSOCIATES 12734 KENWOOD LANE FT MYERS FL 33907 US	MICHAEL FLEMING AND ASSOCIATES 12734 KENWOOD LANE FT MYERS FL 33907-5666 US

2. Principal Place of Business

C\O Marquis Management,Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

2a. Mailing Address

C\O Marquis Management,Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

3. Date Incorporated or Qualified: 06/24/1994

3a. Date of Last Report: 07/17/1996

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

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

10. Name and Address of New Registered Agent

Stilphen, Peter
Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

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 Peter Stilphen PETER STILPHEN 1/20/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUJAK, ANDREW		1.2 NAME		
STREET ADDRESS	5245 BIG PINE WAY 102		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NARDOZZA, JOHN		2.2 NAME		
STREET ADDRESS	5245 BIG PINE WAY 102		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE	DST	☐ Change ☐ Addition
NAME	KLINE, JULIE		3.2 NAME	McChesney, Valerie	
STREET ADDRESS	5245 BIG PINE WAY 102		3.3 STREET ADDRESS	5245 Big Pine Way 102	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Ft Myers, FL	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.