


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US			Mailing Address C/O MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US		



c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

3. Date Incorporated or Qualified 06/24/1994	
4. FEI Number 65-0527094	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24. Zip 33908	25. 000000	29. 000000	30. 000000
9. Name and Address of Current Registered Agent STILPHEN, PETER MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907			
10. Name and Address of New Registered Agent 81. N: Stilphen, Peter 82. St: Marquis Management, Inc. 83. 9400 Gladiolus Drive #100 84. Ci: Fort Myers, FL 33908 US 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							
TITLE	DP	<input checked="" type="checkbox"/> DELETE					
NAME	BUJAK, ANDREW						
STREET ADDRESS	5245 BIG PINE WAY 102						
CITY-ST-ZIP	FT MYERS FL						
TITLE	DP	<input type="checkbox"/> DELETE					
NAME	NARDOZZA, JOHN						
STREET ADDRESS	5245 BIG PINE WAY 102						
CITY-ST-ZIP	FT MYERS FL						
TITLE	DST	<input checked="" type="checkbox"/> DELETE					
NAME	MCHESNEY, VALERIE						
STREET ADDRESS	5245 BIG PINE WAY 102						
CITY-ST-ZIP	FT MYERS FL						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	Y.P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME	BURGMATEN, JOHN						
1.3 STREET ADDRESS	17 M CARROLL LANE						
1.4 CITY-ST-ZIP	SMITH TOWN N.Y. 11737	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME	Glueck, Nelson						
3.3 STREET ADDRESS	2804 Sanderson Pkwy						
3.4 CITY-ST-ZIP	Fairlawn, OH. 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

14. 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 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 in an attachment with an address.

SIGNATURE: **John Nardozza** **4/22/98** **94454-1500**

CP2E037 (10/97)