

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90084 017 ****61.25

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1. Corporation Name

SOUTHBRIDGE CONDOMINIUM NO. 3 ASSOCIATION, INC.

Principal Place of Business

Pegasus Property Management
13400 S Cleveland Ave #203
Fort Myers, FL 33907

Mailing Address

Pegasus Property Management
13400 S Cleveland Ave #203
Fort Myers, FL 33907



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/24/1994

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR, #100
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81
82 BARBARA A. STILSON
83 C/O PEGASUS PROPERTY MGMT. INC.
84 13400 S. CLEVELAND AVE. # 203
FORT MYERS, FL 33907

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 *Barbara A. Stilson*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BONGMASTR, JOHN
STREET ADDRESS 17 M. CARTHUR LANE
CITY-ST-ZIP SMITHTOWN NY 11737 ☐ DELETE

TITLE P
NAME NARDOZZA, JOHN
STREET ADDRESS 5245 BIG PINE WAY 102
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE STD
NAME GLUECK, NELSON
STREET ADDRESS 2304 JANDREEM PAKWAY
CITY-ST-ZIP FAIRLAWN OH 44333 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME BERGMASER JOHN
1.3 STREET ADDRESS 3481 BALLYBRIDGE CIRCLE, #203
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME NARDOZZA, JOHN
2.3 STREET ADDRESS 3484 BALLYBRIDGE CIRCLE, #201
2.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME GLUECK, NELSON
3.3 STREET ADDRESS 3491 BALLYBRIDGE CIRCLE, #202
3.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

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

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

41299-941-454-8568

0059202

CR2E037 (11/98)