

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003153

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 3 ASSOCIATION, INC.

Principal Place of Business

PEGASUS PROPERTY MANAGEMENT, INC.
19850 BRECKENRIDGE DRIVE, SUITE A
ESTERO FL 33928
US

Mailing Address

PEGASUS PROPERTY MANAGEMENT, INC.
19850 BRECKENRIDGE DRIVE, SUITE A
ESTERO FL 33928-2183
US

3. Mailing Address

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90045 046 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0527094

Applied For

Not Applicable

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
C/O PEGASUS PROPERTY MANAGEMENT
13400 S. CLEVELAND AVE. #203
FT MYERS FL 33907

Stilson, Barbara
Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

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.

SIGNATURE

Barbara A Stilson

Agent

3-8-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BERGMASER, JOHN
3481 BALLYBRIDGE CIRCLE #203
BONITA SPRINGS FL 34134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NARDOZZA, JOHN
3484 BALLYBRIDGE CIRCLE #203
FT MYERS FL 34134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GLUECK, NELSON
3491 BALLYBRIDGE CIRCLE #203
BONITA SPRINGS FL 34134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD

☒ Change

☐ Addition

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CITY-ST-ZIP

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☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2000 941-498-2245