


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 012 ****61.25

DOCUMENT # N94000003153 1. Entity Name SOUTHBRIDGE CONDOMINIUM NO. 3 ASSOCIATION, INC.					
Principal Place of Business PEGASUS PROPERTY MANAGEMENT, INC. 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908 US			Mailing Address PEGASUS PROPERTY MANAGEMENT, INC. 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0527094				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STILSON, BARBARA PEGASUS PROPERTY MANAGEMENT INC. 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGMASER, JOHN		NAME		
STREET ADDRESS	3481 BALLYBRIDGE CIRCLE #203		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARDOZZA, JOHN		NAME		
STREET ADDRESS	3484 BALLYBRIDGE CIRCLE #203		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 34134		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUECK, NELSON		NAME		
STREET ADDRESS	3491 BALLYBRIDGE CIRCLE #203		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/2004 235-454-8568 <small>Date Daytime Phone #</small>		