

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 035 \*\*\*\*61.25

<b>DOCUMENT # N94000003153</b>					
<b>1. Entity Name</b> SOUTHBRIDGE CONDOMINIUM NO. 3 ASSOCIATION, INC.					
<b>Principal Place of Business</b> PEGASUS PROPERTY MANAGEMENT, INC. 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908 US			<b>Mailing Address</b> PEGASUS PROPERTY MANAGEMENT, INC. 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0527094	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MARSDEN, GARY PEGASUS PROPERTY MANAGEMENT INC. 17595 SOUTH TAMiami TRAIL #100 FORT MYERS, FL 33908				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURGMASER, JOHN <input checked="" type="checkbox"/> Delete 3491 BALLYBRIDGE CT 201 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRALICK, RICHARD 3491 BALLYBRIDGE CT- # 201 BONITA SPRINGS, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete NARDOZZA, JOHN 3484 BALLYBRIDGE CIRCLE #203 FT MYERS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete GLUECK, NELSON 3491 BALLYBRIDGE CIRCLE #203 BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: <i>4/17/07</i> Daytime Phone: <i>239-498-2245</i>		