

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003153

FILED
Mar 09, 2009
Secretary of State

Entity Name: SOUTHBRIDGE CONDOMINIUM NO. 3 ASSOCIATION, INC.

Current Principal Place of Business:

PEGASUS PROPERTY MANAGEMENT, INC.
17595 SOUTH TAMiami TRAIL #100
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

PEGASUS PROPERTY MANAGEMENT, INC.
17595 SOUTH TAMiami TRAIL #100
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0527094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSDEN, GARY
PEGASUS PROPERTY MANAGEMENT INC.
17595 SOUTH TAMiami TRAIL #100
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

ALLEN, STEVEN
PEGASUS PROPERTY MANAGEMENT INC.
17595 SOUTH TAMiami TRAIL #100
FORT MYERS, FL 33908 US

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: STEVE ALLEN

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BURGMASER, JOHN
Address: 3481 BALLBRIDGE CIR #203
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: NARDOZZA, JOHN
Address: 3484 BALLYBRIDGE CIRCLE #203
City-St-Zip: FT MYERS, FL 34134

Title: VPD () Delete
Name: GLUECK, NELSON
Address: 3491 BALLYBRIDGE CIRCLE #203
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CARBONE, DOMINICK
Address: 3491 BALLBRIDGE CIR #103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD (X) Change () Addition
Name: KAESTNER, JOHN
Address: 3471 BALLYBRIDGE CIRCLE #201
City-St-Zip: FT MYERS, FL 34134

Title: TSD (X) Change () Addition
Name: GLUECK, NELSON
Address: 3491 BALLYBRIDGE CIRCLE #203
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE ALLEN

A

03/09/2009

Electronic Signature of Signing Officer or Director

Date