


FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004141 (7)**

1. Corporation Name  
**SOUTHBRIDGE CONDOMINIUM NO. 2 ASSOCIATION, INC.**

Principal Place of Business <b>5245 BIG PINE WAY FORT MYERS FL 33907</b>	Mailing Address <b>5245 BIG PINE WAY FORT MYERS FL 33907</b>
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3. Date Incorporated or Qualified <b>08/23/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>
Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution <input type="checkbox"/> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

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9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

24 Zip	25 Country	29	30
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9. Name and Address of Current Registered Agent <b>WATSKY, MORRIS J 700 N.W. 107TH AVE. MIAMI FL 33172</b>	81 82 83 84 <b>Stilphen, Peter Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US</b>
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5. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 *G. Stilphen* *Peter Stilphen* *4/20/98*  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUJAK, ANDREW</b>	1.2 NAME	<b>Bujak, Andrew</b>
STREET ADDRESS	<b>5245 BIG PINE WAY, SUITE 102</b>	1.3 STREET ADDRESS	<b>13891 Jetport Loop Suite 9</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	1.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33913</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEALEY, JOE</b>	2.2 NAME	<b>Sealey, Joe</b>
STREET ADDRESS	<b>5245 BIG PINE WAY, SUITE 102</b>	2.3 STREET ADDRESS	<b>13891 Jetport Loop Suite 9</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	2.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33913</b>
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCHESENEY, VALERIE</b>	3.2 NAME	<b>MCCHESENEY, VALERIE</b>
STREET ADDRESS	<b>5245 BIG PINE WAY, SUITE 102</b>	3.3 STREET ADDRESS	<b>13891 Jetport Loop Suite 9</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33913</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Valerie McChesney* *2/22/99* *(941) 561-1527*

CR2E037 (10/97)