1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90187 004 \*\*\*\*61.25

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## DOCUMENT # N94000004141

SOUTHBRIDGE CONDOMINIUM NO. 2 ASSOCIATION, INC.

Principal Place of Business		Mailing Address							
Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907		13400 S Clevela	Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907						
2. Principal P	lace of Business	2a. Mailing Address	-		3. Date Incorporated or Qualif	fed			
21		26			08/23/1994				
Suite, A at.	#, etc.	Suite, Apt. #, etc	C		4. FEI Number		Apr	lied For	
22		27			NOT APPLICABLE			Applicable	
City & State	e — — — — — — — — — — — — — — — — — — —	Clty & State		<del></del>	5. Certifcate of Status Desired	<u> </u>	<b>\$8.75</b> -A Fee Red		
<b>23</b> Zip	Courtry		Country		6. Election Campaign Financi	ng	\$5.00	·	
24	25	29	30		Trust Fund Contribution	'' <sup>9</sup> 🗆	Added to	· .	
	9. Name and Address of Cur				10. Name and Address of Ne	w Registere			
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MATCH I	MC DIS 1		-	E DADDAD	RA A. STILSON				
	MC :RIS J i07TH AVE.		82		S PROPERTY MANAG	EMENIT			
/UU IY			83	î .	CLEVELAND AVENUE				
172 16 8 A 12 8	331/2				YERS, FL 33907	Σ, π203	85 Zip C		
MIAMI FL							85   Zip C		
·			84		,		_   _		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 convertion 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 (3 if changed, or or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

941-454-8568.

Change

☐ Addition