

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94 00000 4141

1. Entity Name

Southbridge Condominium No. 2
Association, Inc.

Principal Place of Business

Mailing Address

Pegasus Property Management Inc.
1595 South Tamiami Trail #200-2
Fort Myers, FL 33908

3. Mailing Address

Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908**FILED**
May 10, 2000 8:00 am
Secretary of State

03-22-2000 90018 030 ****61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830264 Applied For ☐
Not Applicable ☐5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Stilson, Barbara
Pegasus Property Management Inc.
17595 South Tamiami Trail #200-2
Fort Myers, FL 33908

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.

SIGNATURE

Barbara A. Stilson

Agent

3-8-00

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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: *Geraldine R. Moran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

(941) 947-3227

Daytime Phone #