

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004141

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 2 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PEGASUS PROPERTY MANAGEMENT, INC.
17595 S. TAMiami TRAIL #200-2
FORT MYERS FL 33908
US

C/O PEGASUS PROPERTY MANAGEMENT, INC.
17595 S TAMiami TRAIL #200-2
FORT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

STILSON, BARBARA
PEGASUS PROP MGMT INC
17595 S TAMiami TRAIL #200-2
FORT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make 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	STD KIMPEL, JUDY 25061 BALLY CASTLE #101 BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LORENZ, ROBERT 25041 BALLY CASTLE #102 BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAN, GERALDINE 25071 BALLYCASTLE CT. 201 BONITA SPGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T D. Nailler, Jody 25071 Bally Castle #103 Bonita Springs, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kimpel Judy 25061 Ballycastle #101 Bonita Springs FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T D. Nailler Jody 25071 Bally Castle #103 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002 9414548528

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90096 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)