

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90106 002 ****61.25

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1. Entity Name
SOUTHBRIDGE CONDOMINIUM NO. 2 ASSOCIATION,
INC.



Principal Place of Business
C/O PEGASUS PROPERTY MANAGEMENT, INC.
17595 S TAMiami TRAIL #100
FORT MYERS, FL 33908 US

Mailing Address
C/O PEGASUS PROPERTY MANAGEMENT, INC.
17595 S TAMiami TRAIL #100
FORT MYERS, FL 33908 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0830264

Applied For
Not Applicable

Zip

Country

Zip

Country

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

EATON, BARBARA
PEGASUS PROP MGMT INC
17595 S TAMiami TRAIL #100
FORT MYERS, FL 33908

Name **GARY MARSDEN**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/4/06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **JONES, DOLORES**
STREET ADDRESS **25061 BALLYCASTLE COURT, #203**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **PD** ☐ Delete
NAME **MORAN, GERALDINE**
STREET ADDRESS **25071 BALLYCASTLE CT. 201**
CITY-ST-ZIP **BONITA SPGS, FL 34134**

TITLE **STD** ☒ Delete
NAME **SHULESHKO, AURELIE**
STREET ADDRESS **25061 BALLY CASTLE #101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **HEJR, MARIBELLE**
STREET ADDRESS **25061 BALLYCASTLE CT. #103**
CITY-ST-ZIP **BONITA SPRINGS, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition
NAME **HEJR, CHARLES**
STREET ADDRESS **25061 BALLYCASTLE CT #103**
CITY-ST-ZIP **BONITA SPRINGS, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** (Geraldine R. Moran) **4-10-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #