

.2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004142**

1. Entity Name

SOUTHBRIDGE CONDOMINIUM NO. 4 ASSOCIATION, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90168 040 ****61.25

0004960

Principal Place of Business

PEGASUS PROPERTY MANAGEMENT, INC.
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908

Mailing Address

PEGASUS PROPERTY MANAGEMENT, INC.
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908

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

65-0851516

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STILSON, BRABARA A
PEGASUS PROPERTY MANAGEMENT
17595 SOUTH TAMiami TRAIL #200-2
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	KECK, BARBARA	
STREET ADDRESS	3490 BALLYBRIDGE CIR #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLAW, STEVE	
STREET ADDRESS	3510 BALLYBRIDGE CIR #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MOYER, SIDNEY	
STREET ADDRESS	3510 BOAALYBRIDGE CIRCLE #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Steven L. Slaw

Date

04/10/01

Daytime Phone #

847-844-3765

CR2E037 (10/00)