


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90074 034 ****61.25

DOCUMENT # N94000004142 1. Entity Name SOUTHBRIDGE CONDOMINIUM NO. 4 ASSOCIATION, INC.			
Principal Place of Business PEGASUS PROPERTY MANAGEMENT, INC. SUITE 100 FORT MYERS, FL 33908		Mailing Address PEGASUS PROPERTY MANAGEMENT, INC. SUITE 100 FORT MYERS, FL 33908	
2. Principal Place of Business - No P.O. Box # Pegasus Property mgmt Suite, Apt. #, etc. 17595 S. Tamiami Trail #100 City & State Fort Myers, Florida Zip 33908		3. Mailing Address Pegasus Property mgmt Suite, Apt. #, etc. 17595 S. Tamiami Trail #100 City & State Fort Myers, Florida Zip 33908	
4. FEI Number 65-0851516		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSDEN, GARY PEGASUS PROPERTY MANAGEMENT SUITE 100 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17595 S. Tamiami Trail Suite 100 City Fort Myers, FL Zip Code 33908	
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 <u><i>Gary Marsden</i></u> DATE <u>4/15/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KECK, BARBARA 3490 BALLYBRIDGE CIR #202 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLAW, STEVE 3510 BALLYBRIDGE CIR #103 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'KEEFE, MARILYN J 25050 BALLYBRIDGE CIRL, #202 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Marilyn O'Keefe, Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-10-08</u> Daytime Phone #	