2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90031 042 ****61.25

94021609

DOCUMENT # N01000007292

1. Entity Name
HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
7790 BAY MEADOWS RD E JACKSONVILLE, FL 32256	C/O STEVERN TRENT SERVICES 1699 US 1 SO SUITE D SAINT AUGUSTINE, FL 32084

01192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o MAY MANAGEMENT SVC INC Suite, Apt. #, etc. 5455 A1A SOUTH
City & State	City & State ST AUGUSTINE, FL
Zip / Country	Zip: 32080 / Country: USA

4. FEI Number 22-3849748 ☐ 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
HENSON, DWIGHT D 7990-619 BAY MEADOWS ROAD EAST JACKSONVILLE, FL 32256	Name: PATRICIA ARENAS Street Address (P.O. Box Number is Not Acceptable): c/o MAY MANAGEMENT SERVICES INC. 5455 A1A SOUTH City: ST AUGUSTINE **FL** Zip Code: 32080

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: Patricia Arenas

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENSON, DWIGHT D 7990-619 BAY MEADOWS RD EAST JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHANSEN, PAULA 7990-405 BAY MEADOWS RD EAST JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOGARTY, TIM 7990-423 BAY MEADOWS RD EAST JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILEY, SHELLY 7990-406 BAY MEADOWS RD EAST JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANN JACQUES 7990-725 BAYMEADOWS RD. E. JACKSONVILLE, FL. 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUMRINE, NARDA 7990-610 BAY MEADOWS RD EAST JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAT LOCASCIO 7990-610 BAYMEADOWS RD. E. JACKSONVILLE, FL. 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Patricia LoCascio DIRECTOR AT LARGE 2-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #