## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007292

## FILED Feb 22, 2005 8:00 am Secretary of State

02-22-2005 90032 042 \*\*\*\*61.25

1. Entity Name HORIZON ASSOCIA	IS AT ST	ONEBRIDGE VILLA INC.	GE CONDOMINIU	м						
			Mailing Address C/O MAY MANAGEMENT SVC, INC. 5455 A7A SOUTH SAINT AUGUSTINE, FL 32080				21 MAIT BUSIT BAIN BAI		50017	
2. Principal Place of Business 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	01242005	Chg-NP	CR2E037	7 (10/03)		
City & State		City & State			4. FEI Number 22-38497	48		<del></del>	plied For t Applicable	
Zip		Country	Zip	Country		5. Certificate of	Status Desired	\$	8.75 Add ee Required	itional I
	6. Name	and Address of Current Re	gistered Agent			7. Name and Ac	idress of New R	egistered A	gent	-
		A		Nai	me -			-		
ARENAS, PATRICIA						MAY MANAGE	MENT			
CAS MAY MANAGEMENT SERVICES INC.				Str	eet Address (	\$455 X 1X SOU	Not Acceptable	9)		
5455 A1A		<b>5</b> 1 45044		<b>├</b>		ST. AUGUSTIN				
SAINT AU	GUSTINE.	, FL 32080								
			,		у	<u> </u>	_	. FL	Zip Code	
0. 70		y submits this statement for the	to the second				'- th - Ct-to -4 Fi		75	
	ions of regist	ered agent.	garty 100	LICES CL	W. ii	and the lands of	1 w. 102/	14/05	2 /C) 11 K	
🤫 ត្រូវភេទស	Signature, typed	or printed name of registered agent and	title if applicable.	E: Hegistered Agent	eidustrae Lednae	d when reinstating)	and a second second second	: DATE		
11 & CIL				1 - 1	. 1		2. Marking 1881年 P	lake check	25,000	・ さけが 海
्रस्य अस्तर्या	_	e is \$61.25 fay 1, 2005	9. Election Car Trust Fund (	npaign Financ Contribution	ing	\$5.00 May Be Added to Fees	Flor	lake check ida Departi	payable to ment of St	ate 🕌
	_		Trust Fund (	Contribution.			Flor	ida Depart	ment of St	ate
्रस्य अस्या है	_	tay 1, 2005	Trust Fund (	Contribution.		Added to Fees	Flor	ida Depart RS AND DIR	ment of St	ate
10.	PD ····	tay 1, 2005	Trust Fund (	ontribution.		Added to Fees	Flor	ida Depart RS AND DIR	ment of St ECTORS IN	ate 10
10. I	PD	flay 1, 2005 OFFICERS AND DIRE	Trust Fund C	11:		Added to Fees	Flor	ida Depart RS AND DIR	ment of St ECTORS IN	ate
10. I	PD JOHANSE 7990-405	OFFICERS AND DIRE	Trust Fund C	-11: TITLE	RESS	Added to Fees	Flor	ida Depart RS AND DIR	ment of St ECTORS IN	ate
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSE 7990-405	OFFICERS AND DIRE EN, PAULA BAY MEADOWS RD EAS	Trust Fund C	11: TITLE NAME STREET ADD	RESS	Added to Fees	Flor	ida Departi	ECTORS IN	10 Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD JOHANSE 7990-405 JACKSON	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  VILLE, FL 32256	Trust Fund C	11: TITLE NAME STREET ADD CITY-ST-ZH	RESS	Added to Fees	Flor	ida Departi	ment of St ECTORS IN	ate
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSE 7990-405 JACKSON T HOGART	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  VILLE, FL 32256  Y, TIM	Trust Fund C	Ontribution.  11: TITLE NAME STREET ADD CITY-ST-ZH TITLE NAME	RESS P	Added to Fees	Flor	ida Departi	ECTORS IN	10 Addition
10. 4 TITLE	PD JOHANSE 7990-405 JACKSON T HOGART 7990-423	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  IVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS	Trust Fund C	11: TITLE NAME STREET ADD CITY-ST-ZH	RESS P	Added to Fees	Flor	ida Departi	ECTORS IN	10 Addition
10. 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSE 7990-405 JACKSON T HOGART 7990-423 JACKSON	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  VILLE, FL 32256  Y, TIM	Trust Fund C  CTORS ( ) 59.5.  Defete  ST	Ontribution.  11:  TITLE  NAME  STREET ADD  CITY-ST-ZH  TITLE  NAME  STREET ADD  CITY-ST-ZH  CITY-ST-ZH	RESS P	Added to Fees	Flor	RS AND DIR	Change	10 Addition
10. 4 TITLE	PD	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  IVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS  IVILLE, FL 32256	Trust Fund C	Contribution.  11:  TITLE  NAME  STREET ADD  CITY-ST-ZH  TITLE  NAME  STREET ADD  CITY-ST-ZH  TITLE	RESS P	Added to Fees	Flor	RS AND DIR	ECTORS IN	10 Addition
10. 4 TITLE	PD JOHANSE 7990-405 JACKSON T HOGART 7990-423 JACKSON S JACQUES	OFFICERS AND DIRE EN, PAULA BAY MEADOWS RD EAS NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS NVILLE, FL 32256  S, ANN	Trust Fund C  CTORS ( ) 59.5.  Defete  ST	Ontribution. 11: TITLE NAME STREET ADD CITY-ST-ZH TITLE NAME STREET ADD CITY-ST-ZH TITLE NAME STREET ADD	RESS	Added to Fees	Flor	RS AND DIR	Change	10 Addition
10. 4 TITLE	PD JOHANSE 7990-405 JACKSON T HOGART 7990-423 JACKSON S JACQUES 7990-725	OFFICERS AND DIRE EN, PAULA BAY MEADOWS RD EAS NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS NVILLE, FL 32256  S, ANN BAYMEADOWS RD. E.	Trust Fund C  CTORS ( ) 59.5.  Defete  ST	Ontribution.  11:  TITLE  NAME  STREET ADD  CITY-ST-ZH  STREET ADD  CITY-ST-ZH  STREET ADD	RESS	Added to Fees	Flor	RS AND DIR	Change	10 Addition
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10. 4 TITLE	PD JOHANSE 7990-405 JACKSON S JACQUES 7990-725 JACKSON D	OFFICERS AND DIRE EN, PAULA BAY MEADOWS RD EAS NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS NVILLE, FL 32256  S, ANN BAYMEADOWS RD. E. NVILLE, FL 32256	Trust Fund C  CTORS ( ) 59.5.  Defete  ST	Contribution.  -11:	RESS	Added to Fees	Flor	RS AND DIR	ECTORS IN Change	10 Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JOHANSE 7990-405 JACKSON S JACQUES 7990-725 JACKSON D LOCASCI	OFFICERS AND DIRE EN, PAULA BAY MEADOWS RD EAS NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS NVILLE, FL 32256  S, ANN BAYMEADOWS RD. E. NVILLE, FL 32256  O, PAT	Trust Fund CCTORS ( ) Ev. 6.  Defete  ST  Defete  Defete	Contribution.  11:  TITLE  NAME  STREET ADD  CITY-ST-ZH  TITLE  NAME	RESS PARESS	Added to Fees	Flor	RS AND DIR	Change	Addition  Addition
10. 4 TITLE	PD JOHANSE 7990-405 JACKSON S JACQUES 7990-725 JACKSON D LOCASCI 7990-610	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  IVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS  IVILLE, FL 32256  S, ANN BAYMEADOWS RD. E.  IVILLE, FL 32256  O, PAT BAY MEADOWS RD EAS	Trust Fund CCTORS ( ) Ev. 6.  Defete  ST  Defete  Defete	Contribution.  -11:	RESS P	Added to Fees	Flor	RS AND DIR	Change	Addition  Addition
10. 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSE 7990-405 JACKSON S JACQUES 7990-725 JACKSON D LOCASCI 7990-610	OFFICERS AND DIRE EN, PAULA BAY MEADOWS RD EAS NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS NVILLE, FL 32256  S, ANN BAYMEADOWS RD. E. NVILLE, FL 32256  O, PAT	Trust Fund CCTORS ( ) Ev. 6.  Defete  ST  Defete  ST  Defete  ST	Contribution.  -11:  TITLE  NAME  STREET ADD  CITY-ST-ZH	RESS P	Added to Fees	Flor	RS AND DIR	Change  Change  Change	Addition  Addition  Addition
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10.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	PD JOHANSE 7990-405 JACKSON S JACQUES 7990-725 JACKSON D LOCASCI 7990-610	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS  NVILLE, FL 32256  S, ANN BAYMEADOWS RD. E.  NVILLE, FL 32256  O, PAT BAY MEADOWS RD EAS  NVILLE, FL 32256	Trust Fund CCTORS ( ) Ev. 6.  Defete  ST  Defete  ST  Defete  ST	Contribution.  11:  TITLE  NAME  STREET ADD  CITY-ST-ZII  TITLE  NAME  NAME  NAME	RESS PARESS	Added to Fees	Flor	RS AND DIR	Change  Change  Change	Addition  Addition  Addition
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10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	PD JOHANSE 7990-405 JACKSON T HOGART 7990-423 JACKSON S JACQUES 7990-725 JACKSON D LOCASCI 7990-610 JACKSON	OFFICERS AND DIRE  EN, PAULA BAY MEADOWS RD EAS  NVILLE, FL 32256  Y, TIM BAY MEADOWS RD EAS  NVILLE, FL 32256  S, ANN BAYMEADOWS RD. E.  NVILLE, FL 32256  O, PAT BAY MEADOWS RD EAS  NVILLE, FL 32256	Trust Fund CCTORS Defete  ST  Defete  ST  Defete  ST  Defete  Trust Fund CCTORS  Defete	Contribution.  11:  TITLE  NAME  STREET ADD  CITY-ST-ZH  TITLE  TITLE	RESS RESS RESS	Added to Fees ADDITIONS/CHAN	GES TO OFFICE	ida Depart	Change  Change  Change  Change	ate  Addition  Addition  Addition  Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

62/14/05

Daytime Phone #