2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90148 029 ****61.25

DOCUMENT # N01000007292

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

Principal Place of Business	Mailing Address
7785 BAYMEADOWS WAY. STE. 200 JACKSONVILLE FL 32256	7785 BAYMEADOWS WAY. STE. 200 JACKSONVILLE FL 32256

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7790 BAYMEADOWS RD.E.	C/O SEVERN TRENT SERVICES
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1699 U.S.1 So., SUITE D
City & State: JACKSONVILLE, FL	City & State: ST. AUGUSTINE, FL
Zip: 32256 Country: DUVAL	Zip: 32084 Country: ST. JOHNS

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
MOLYNEAUX, JOHN 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256	Name: DWIGHT D. HENSON Street Address (P.O. Box Number is Not Acceptable): 7990-619 BAYMEADOWS ROAD, EAST City: JACKSONVILLE, FL Zip Code: 32256

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: Dwight D. Henson 3/26/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	DP MOLYNEAUX, JOHN 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DWIGHT D. HENSON 7990-619 BAYMEADOWS RD., EAST JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, DAVID 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PAULA JOHANSEN 7990-405 BAYMEADOWS RD., EAST JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DUNCAN, JUDITH 555 WINDERLEY PLACE, STE. 420 MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TIM HOGARTY 7990-423 BAYMEADOWS RD, EAST JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SHELLY WILEY 7990-406 BAYMEADOWS RD., EAST JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NARDA KRUMRINE 7990-610 BAYMEADOWS RD, EAST JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Dwight D. Henson REQUIRED 3/26/2003 (H) 904-860-6630 (W) 904-279-6192