

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90484 009 \*\*\*\*61.25

**DOCUMENT # N02000008858**

1. Entity Name

**HORIZONS AT STONEBRIDGE PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**C/O SENTRY MANAGEMENT, INC.  
2180 WEST S.R. 434, SUITE 5000  
LONGWOOD FL 32779**

Mailing Address

**C/O SENTRY MANAGEMENT, INC.  
2180 WEST S.R. 434, SUITE 5000  
LONGWOOD FL 32779**

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

**46-0511680**

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

**HART, JAMES W JR.  
2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LEIFERMAN, JIM	555 WINDERLEY PLACE, SUITE 420	MAITLAND FL 32751	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BUTLER, CHRIS	555 WINDERLEY PLACE, SUITE 420	MAITLAND FL 32751	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	DUNCAN, JUDITH	555 WINDERLEY PLACE, SUITE 420	MAITLAND FL 32751	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Judith L Duncan* **Judith L Duncan**

**3/21/03** **N07-885-1001**

CR2E037 (10/02)