

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008858

Entity Name: HORIZONS AT STONEBRIDGE PLACE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 14, 2021
Secretary of State
9302990256CC**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**FEI Number: 46-0511680****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US*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.***SIGNATURE: BRADLEY POMP****04/14/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name CHARRON, MARIO
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** VP, DIRECTOR, SECRETARY
Name MIKELL, DELL MARIE
Address 2180 WEST 434 SUITE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name ANDERSON, CONNIE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name GALATI, ANTHONY
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** TREASURER, DIRECTOR
Name CORDOBA, GERMAN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIO CHARRON**PRESIDENT****04/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date