

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-19-2002 90003 049 ****61.25

DOCUMENT # N01000005813

1. Entity Name

STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7785 BAYMEADOWS WAY, STE. 200
 JACKSONVILLE FL 32256

7785 BAYMEADOWS WAY, STE. 200
 JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-379057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGREGOR, DEBRA
 7785 BAYMEADOWS WAY, STE. 200
 JACKSONVILLE FL 32256

Name: **JOHN MOLYNEAUX**
 Street Address (P.O. Box Number is Not Acceptable): **7785 Baymeadows Parkway**
 City: **Jacksonville** FL **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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

[Handwritten Signature]

1-30-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** Delete
 NAME: **MOLYNEAUX, JOHN**
 STREET ADDRESS: **7785 BAYMEADOWS WAY, STE. 200**
 CITY-ST-ZIP: **JACKSONVILLE FL 32256**

TITLE: **OV** Delete
 NAME: **SMITH, DAVID**
 STREET ADDRESS: **7785 BAYMEADOWS WAY, STE. 200**
 CITY-ST-ZIP: **JACKSONVILLE FL 32256**

TITLE: **DST** Delete
 NAME: **DUNCAN, JUDITH**
 STREET ADDRESS: **555 WINDERLEY PLACE, STE. 420**
 CITY-ST-ZIP: **MAITLAND FL 32751**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02

CR2E037 (9/01)