


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90025 044 ****61.25

DOCUMENT # N01000005813

1. Entity Name
STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.



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

Mailing Address
7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE, FL 32256

94021307



2. Principal Place of Business
C/O MAY Mgmt. Svc Inc. 5455 A1A South

3. Mailing Address
C/O MAY MANAGEMENT Svc Inc. 5455 A1A South

01192004 Chg-NP CR2E037 (10/03)

City & State
ST. AUGUSTINE, FL.

City & State
ST. AUGUSTINE, FL.

Zip
32080

Country
USA

Zip
32080

Country
USA

4. FEI Number
59-3739057

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SMITH, DAVID
 7785 BAYMEADOWS WAY, STE. 200
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent
 Name **PATRICIA ARENAS**
 Street Address (P.O. Box Number is Not Acceptable)
**C/O MAY MANAGEMENT SERVICES INC.
 5455 A1A SOUTH**
 City **ST. AUGUSTINE** FL Zip Code **32080**

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 *Patricia Arenas*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARBACZ, BRIAN 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DAVID 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHAEDEZ, LINDA 7785 BAYMEADOWS WAY, STE 200 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE MONTANO 7990-1505 BAYMEADOWS ROAD E. JACKSONVILLE, FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICK KING 7990-314 BAYMEADOWS ROAD E. JACKSONVILLE, FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENJYI SMALL 7990-827 BAYMEADOWS ROAD E. JACKSONVILLE, FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIM HOGARTY 7990-423 BAYMEADOWS ROAD E. JACKSONVILLE, FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILMORE BURK 7990-1307 BAYMEADOWS ROAD E. JACKSONVILLE, FL. 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia Arenas* 2/23/04 904/7916166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #