


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

02-22-2005 90032 041 ****61.25

DOCUMENT # N01000005813					
1. Entity Name STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.					
Principal Place of Business C/O MAY MGMT. SVC, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			Mailing Address C/O MAY MGMT. SVC, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3739057	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARENAS, PATRICIA <i>Anna Marks</i> C/O MAY MGMT. SVCS., INC. SAINT AUGUSTINE, FL 32080			Name MAY MANAGEMENT SVC. INC. Street Address (P.O. Box Number is Not Acceptable) 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 <i>[Signature]</i>			DATE 3-22-05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTANO, JOE		NAME	JERRY KLEMENT	
STREET ADDRESS	1990-1505 BAY MEADOWS RD. E		STREET ADDRESS	7990-909 BAYMEADOWS RD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, RICK		NAME	DEBRA ANN NICKLUS	
STREET ADDRESS	7990-314 BAY MEADOWS RD. E		STREET ADDRESS	7990-105 BAYMEADOWS RD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, ENJYJ		NAME	ROB WRIGHT	
STREET ADDRESS	7990-827 BAY MEADOWS RD. E		STREET ADDRESS	7990-8604 BAYMEADOWS RD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGARTY, TIM		NAME	BILL HOWARD	
STREET ADDRESS	7990-423 BAYMEADOWS RD. E		STREET ADDRESS	7990-519 BAYMEADOWS RD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURK, VILMORE		NAME	PAUL RASMUSSEN	
STREET ADDRESS	7990-1307 BAY MEADOWS RD. E		STREET ADDRESS	7990-1404 BAY MEADOWS RD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i>			DATE 3-23-05 DAYTIME PHONE # 904-41-0265		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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