2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

DOCUMENT # N0100005813 1. Entity Name STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.			N. Trans		02-22-2005 90032 041 ****61.25					
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				660077				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172005	Chg-NP	CR2E037 ((10/03)		
City & State		City & State			59-3739057 Not Ap		lied For Applicable			
Zip	Country	Zíp	Countr	у	5. Certificate of	of Status Desired	□ \$8 Fee	.75 Addit Required	ional	
	_ 6. Name and Address of Current R	legistered Agent	[_		7. Name and	Address of New R	egistered Age	nt		
ARENAS PATRICIA Anna Marks				Name MAY MANAGEMENT SK. INC.						
C/O MAY MGMT. SVCS., INC. SAINT AUGUSTINE, FL 32080				Street Address (P.O. Box Number is Not Acceptable) 5455 A 1 A South						
			\- <u>-</u>	City		 		Zip Code		
		- <u> </u>	L.	ST.		TINE		Zip Code 3208		
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 epplicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Ag	gent signature required	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Ci	paign Fina	ancing _	\$5.00 May Be Added to Fees	, ,	lake check p			
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI	9. Election Cam Trust Fund Co	paign Fina	ancing	\$5.00 May Be Added to Fees	, ,	ida Departm	ent of Sta	ıte	
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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: