

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90049 036 ****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 - No P.O. Box #
 7990 Baymeadows Rd E
 Suite, Apt. #, etc.

3. Mailing Address
 7400 Baymeadows Way
 Suite, Apt. #, etc.
 Suite 104

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL 32256

Zip
 32250

Country
 U.S.A.

Zip
 32256

Country
 U.S.A.

4. FEI Number
 59-3739057

Applied For
 Applied For
 Not Applicable

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

01252007 Chg-NP CR2E037 (12/06)

40010020



6. Name and Address of Current Registered Agent
 MAY MANAGEMENT SERVICES, INC
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
 Name William Emmerich
 Street Address (P.O. Box Number is Not Acceptable)
 7400 BAYMEADOWS WAY Suite 104
 City Jacksonville FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Emmerich* DATE 4/19/07

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, 2007

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	V KLEMENT, JERRY 7990-909 BAYMEADOWS RD, E JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKLUS, DEBRA ANN 7990-105 BAYMEADOWS RD, E JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGARTY, TIM 7990 BAYMEADOWS RD, E #423 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, JANIE 4414 MCGIRTS BLVD JACKSONVILLE, FL 32210 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Bill Howard 7990-519 Baymeadows Rd E JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORIS WALKER 7990-1125 Baymeadows Rd E JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Benjamin Matthews 7990 BAYMEADOWS Rd # 401 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RETHA DAVIS 7990-205 BAYMEADOWS Rd 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
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 exemptions contained in Chapter 119, 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: *Bill Howard* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #