
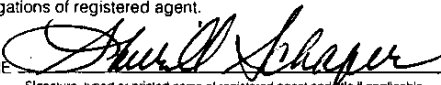


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 044 ****61.25

DOCUMENT # N01000005813					
1. Entity Name STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.					
Principal Place of Business 7990 BAYMEADOWS RD E JACKSONVILLE, FL 32256			Mailing Address 7400 BAYMEADOWS RD WAY SUITE 104 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 7400 Baymeadows way Suite 317 Jacksonville FL Zip 32256 Country USA			
City & State Jacksonville FL		4. FEI Number 59-3739057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EMMERICH, WILLIAM 7400 BAYMEADOWS RD WAY JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: Sherrill Schaffer Street Address (P.O. Box Number is Not Acceptable): 7400 Baymeadows way, Suite 317 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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>		SHERILL SCHAFER <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 1-8-2008	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME HOWARD, BILL STREET ADDRESS 7990-519 BAYMEADOWS RD E CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WALKER, LORIS STREET ADDRESS 7990-1125 BAYMEADOWS RD E CITY-ST-ZIP JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE Treasurer NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MATHEWS, BENJAMIN STREET ADDRESS 7990 BAYMEADOWS RD #1401 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE President NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DAVIS, RETHA STREET ADDRESS 7990-205 BAYMEADOWS RD E CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE Vice-President NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Secretary NAME Krumrine, Nanda STREET ADDRESS 7400 Baymeadows Rd, # 610 CITY-ST-ZIP Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/22/08		904-371-3112	
<small>Date</small>		<small>Daytime Phone #</small>			