


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**

40031181



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**7400 Baymeadows way
 Suite 317**

01082008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville FL

4. FEI Number
59-3739057

Applied For
 Not Applicable

Zip
32256

Country
USA

5. Certificate of Status Desired **\$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

State
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  **SHERRILL SCHAFER** 1-8-2008

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, 2008

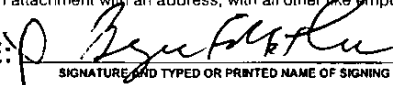
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, BILL 7990-519 BAYMEADOWS RD E JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, LORIS 7990-1125 BAYMEADOWS RD E JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHEWS, BENJAMIN 7990 BAYMEADOWS RD #1401 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, RETHA 7990-205 BAYMEADOWS RD E JACKSONVILLE, FL 32210 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Krumrine, Nanda 7400 Baymeadows Rd, # 610 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 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 jobs empowered.

SIGNATURE:  **01/22/08 904-371-3112**

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