


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000005813

1. Entity Name
STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.




FILED
2008 SEP 15 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7990 BAYMEADOWS RD E
JACKSONVILLE, FL 32256

Mailing Address
7400 BAYMEADOWS RD WAY
SUITE 317
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3.
SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, #100
ST AUGUSTINE, FL 32092



08272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3739057

Applied For
Not Applicable

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

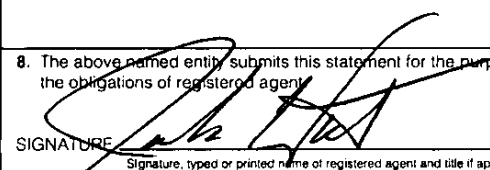
6. Name and Address of Current Registered Agent

SCHAFFER, SHERRILL
7400 BAYMEADOWS RD WAY
STE 317
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
Street Ad SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, #100
ST AUGUSTINE, FL 32092
City
FL Zip Code

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  JOHN Wachter, CAM 8/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

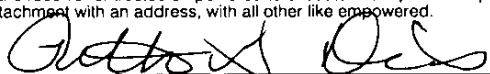
Amended AR is \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, LORIS 7990-1125 BAYMEADOWS RD E JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, BENJAMIN 7990 BAYMEADOWS RD #1401 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136147881 09/19/08--01038--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, RETHA 7990-205 BAYMEADOWS RD E JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRUMRINE, NANDA 7990 BAY MEADOWS RD 610 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NARDA KRUMRINE - SD 7990 BAYMEADOWS RD #610 JAX, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YILMORE BURKE - D 7990 BAYMEADOWS RD 1307 JAX, FL 32256
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:  8 28 08 646.0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #