

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005813

FILED
Apr 17, 2009
Secretary of State

Entity Name: STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7990 BAYMEADOWS RD E
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3739057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WALKER, LORIS
Address: 7990-1125 BAYMEADOWS RD E
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: KRUMRINE, NARDA
Address: 7990 BAYMEADOWS RD #610
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: DAVIS, RETHA
Address: 7990-205 BAYMEADOWS RD E
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: BURKE, VILMORE
Address: 7990 BAY MEADOWS RD #1307
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WALKER, LORIS
Address: 7990 BAYMEADOWS RD E #1125
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change () Addition
Name: CRAVER, CHRIS
Address: 7990 BAYMEADOWS RD #601
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Change () Addition
Name: DAVIS, RETHA
Address: 7990 BAYMEADOWS RD E #205
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: BURKE, VILMORE
Address: 7990 BAY MEADOWS RD E #1307
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILMORE BURKE

_____ Electronic Signature of Signing Officer or Director

VP

04/17/2009

_____ Date