2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005813

FILED Mar 31, 2010 Secretary of State

Entity Name: STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7990 BAYMEADOWS RD E JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, #100
ST. AUGUSTINE, FL 32092
ST. AUGUSTINE, FL 32092
SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, #200
ST. AUGUSTINE, FL 32092

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEVERN TRENT SERVICES, INC.

475 W TOWN PLACE #100
ST. AUGUSTINE, FL 32092 US

SEVERN TRENT SERVICES, INC.

475 W TOWN PLACE #200
ST. AUGUSTINE, FL 32092 US

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: 03/31/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: WALKER, LORIS

Address: 475 WEST TOWN PLACE, SUITE 200

City-St-Zip: ST. AUGUSTINE, FL 32092

Title: F

Name: HOGARTY, TIMOTHY F

Address: 475 WEST TOWN PLACE, SUITE 200

City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SVP

Name: DAVIS, RETHA

Address: 475 WEST TOWN PLACE, SUITE 200

City-St-Zip: ST. AUGUSINTE, FL 32092

Title:

Name: O'DELL, LEE C

Address: 475 WEST TOWN PLACE, SUITE 200

City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY F HOGARTY P 03/31/2010