
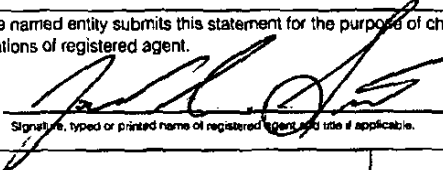



FILED

Apr 10, 2003 8:00 am
Secretary of State

03-26-2003 90159 013 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000005813			
1. Entity Name STONEBRIDGE VILLAGE MASTER ASSOCIATION, INC.			
Principal Place of Business 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256		Mailing Address 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
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 MOLYNEAUX, JOHN 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256		7. Name and Address of New Registered Agent Name DAVID SMITH Street Address (P.O. Box Number is Not Acceptable) 7785 BAYMEADOWS WAY, SUITE 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  DATE 3/20/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	DP MOLYNEAUX, JOHN 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN GARBACZ DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7785 Bay Meadows Way, Suite 200 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, DAVID 7785 BAYMEADOWS WAY, STE. 200 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DUNCAN, JUDITH 555 WINDERLEY PLACE, STE. 420 MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA SCHAEDL DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7785 BAYMEADOWS WAY, SUITE 200 Jacksonville, 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
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
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 exemption stated in Section 119.07(3)(i), 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:  SIGNATURE REQUIRED		Date 3/20/03 Daytime Phone # 904-733-7300	

CR2E037 (10/02)