

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90280 021 ****61.25

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1. Entity Name
HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business
**7790 BAY MEADOWS RD E
 JACKSONVILLE, FL 32256**

Mailing Address
**C/O MAY MANAGEMENT SVC, INC.
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080**

0001200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
22-3849748

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____

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, 2006**

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 PD Delete
 NAME JOHANSEN, PAULA
 STREET ADDRESS 7990-405 BAY MEADOWS RD EAST
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE T Delete
 NAME HOGARTY, TIM
 STREET ADDRESS 7990-423 BAY MEADOWS RD EAST
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S Delete
 NAME JACQUES, ANN
 STREET ADDRESS 7990-725 BAYMEADOWS RD. E.
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D Delete
 NAME LOCASCIO, PAT
 STREET ADDRESS 7990-610 BAY MEADOWS RD EAST
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11.

TITLE Narda H. Krumrine
 NAME President
 STREET ADDRESS 7990 Baymeadows Road E. # 610
 CITY-ST-ZIP Jacksonville FL 32256

TITLE Gary Timpone
 NAME Vice President
 STREET ADDRESS 7990 Baymeadows Road, E. #722
 CITY-ST-ZIP Jacksonville FL 32256

TITLE Pat LoCasio
 NAME Secretar
 STREET ADDRESS 7990 Baymeadows Rd. E. #505
 CITY-ST-ZIP Jacksonville FL 32256

TITLE Timothy Hogarty
 NAME Treasurer
 STREET ADDRESS 7990 Baymeadows Road E. # 423
 CITY-ST-ZIP Jacksonville FL 32256

TITLE Carrie Cerro
 NAME Director
 STREET ADDRESS 7990 Baymeadows Road E. # 517
 CITY-ST-ZIP Jacksonville FL 32256

12. DIRECTORS IN 10

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature as officer of the corporation or the receiver or trustee empowered to execute this report as required by law, has not been changed, or on an attachment with an address, with all other like empowered.

at the information on officer or director check 10 or Block 11 if

SIGNATURE: _____

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pat LoCasio 3/15/06 902-564-4554