
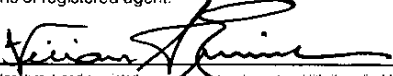
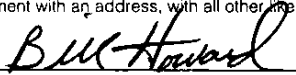


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90050 012 ****61.25

DOCUMENT # N0100007292					
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			
2. Principal Place of Business - No P.O. Box # 7990 Baymeadows Rd E		3. Mailing Address 7400 Baymeadows Way			
Suite, Apt. #, etc. #104		Suite, Apt. #, etc. #104			
City & State Jacksonville FL		City & State Jacksonville, FL			
Zip 32256		Country USA			
4. FEI Number 22-3849748		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$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: William S. Emmerich Street Address (P.O. Box Number is Not Acceptable): 7400 Baymeadows way # 104 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: 4/19/07			
Filing Fee is \$61.25 Due by May 1, 2007		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: P	NAME: KRUMRINE, NARDA H	<input checked="" type="checkbox"/> Delete	TITLE: P	NAME: Bill HOWARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7990 BAYMEADOWS ROAD E., #610	CITY-ST-ZIP: JACKSONVILLE, FL 32256		STREET ADDRESS: 7400 Baymeadows Rd E 519	CITY-ST-ZIP: JACKSONVILLE, FL. 32256	
TITLE: VP	NAME: TIMPONE, GARY	<input checked="" type="checkbox"/> Delete	TITLE: VP	NAME: Nancy HENSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7990 BAYMEADOWS ROAD E., #722	CITY-ST-ZIP: JACKSONVILLE, FL 32256		STREET ADDRESS: 7990 Baymeadows Rd E 619	CITY-ST-ZIP: JACKSONVILLE, FL. 32256	
TITLE: S	NAME: LOCASIO, PAT	<input checked="" type="checkbox"/> Delete	TITLE: D	NAME: Chris Craver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7990 BAYMEADOWS ROAD E., #505	CITY-ST-ZIP: JACKSONVILLE, FL 32256		STREET ADDRESS: 7990 Baymeadows Rd E #601	CITY-ST-ZIP: JACKSONVILLE, FL. 32256	
TITLE: T	NAME: HOGARTY, TIMOTHY	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7990 BAYMEADOWS ROAD E., #423	CITY-ST-ZIP: JACKSONVILLE, FL 32256		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: D	NAME: CERRO, CARRIE	<input type="checkbox"/> Delete	TITLE: VP	NAME: CARRIE CERRO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7990 BAYMEADOWS ROAD E., #517	CITY-ST-ZIP: JACKSONVILLE, FL 32256		STREET ADDRESS: 7990 Baymeadows Rd E #517	CITY-ST-ZIP: JACKSONVILLE, FL. 32256	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	
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 info empowered.					
SIGNATURE: 		DATE: 2/28/07		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	