2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000007292

1. Entity Name



FILED

Apr 23, 2007 8:00 am Secretary of State

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

HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION II, INC.						
	e of Business EADOWS RD E E, FL 32256	Mailing Address C/O MAY MANAGEMENT S 5455 A1A SOUTH SAINT AUGUSTINE, FL 32			(1818)	
7990		3. Mailing Address 4400 Baymea	edons way			
Suite, Apt.	04	Suite, Apt. #, etc.		01252007 Chg-NP CR2E037 (12/06		
Jacks	croully FL	JackSonville,	FL.	22-3849748	Applied For Not Applicable	
3025(Zip 32254	US.A	5. Certificate of Status Desired See Requi		
Name and Address of Current Registered Agent			Nama	7. Name and Address of New Registered Agent Name		
MAY MANAGEMENT 5455 A1A SOUTH			u	Street Address (P.O. Box Number is Not Acceptable)		
SAINT AUGUSTINE, FL 32080			7400	7400 Baymeadows way # 104		
			City Jac	Tacksonville FL Zip Code 38254		
	named entity submits this statement for the ions of registered agent.	he purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida. I am familiar wit	h, and accept	
SiGNATURE.	Signature. lyped or printed name of registered agent and	title il applicable. (NOTE: R	Registered Agent signature requi	red when reinstaling) DATE		
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu			olan Financias		to.	
	-			\$5.00 May Be Added to Fees Florida Department of		
10.	-	Trust Fund Cor		40.00 may 20	State	
TITLE NAME STREET ADDRESS	P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6	Trust Fund Cor	11. TITLE NAME STREET ADDRESS	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Baymeaderus Rd & 519	State IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS HOWARD Baymenderus Rd & 519 CKSGNVIlle, FZ. 32254	State IN 10 Addition	
TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIRECT P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIOWARD Baymeaderus Rd & 519 CKSG1Ville, Fz. 32254	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256	Trust Fund Cor CTORS M Delete S10	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS TITLE NAME STREET ADDRESS 784	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CHOWARD Drawneaderus Rd & 519 CKSG1VIIIe, Fz. 32254 CHANGE CHANG	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIRECT P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY	Trust Fund Cor CTORS M Delete S10	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS TITLE NAME STREET ADDRESS 784	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CHOWARD Drawneaderus Rd & 519 CKSG1VIIIe, Fz. 32254 CHANGE CHANG	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIRE P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S	Trust Fund Cor CTORS M Delete S10	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TAGE TITLE NAME TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAG	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIOWARD Change O Baymeaderus Rd & 519 CKSONVIILE, FL. 32254 CHANGE O BAYMEADONS Rd & 619 CHANGE CKSONVIILE, FL. 32254 CHANGE CKSONVIILE, FL. 32254 CHANGE CKSONVIILE, FL. 32254	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIRE P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S LOCASIO, PAT	Trust Fund Cor CTORS Delete S10 X Delete 722	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TAGE TITLE NAME TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAG	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIOWARD Change O Baymeaderus Rd & 519 CKSONVIILE, FL. 32254 CHANGE O BAYMEADONS Rd & 619 CHANGE CKSONVIILE, FL. 32254 CHANGE CKSONVIILE, FL. 32254 CHANGE CKSONVIILE, FL. 32254	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIRE P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S LOCASIO, PAT _7990 BAYMEADOWS ROAD E., #8	Trust Fund Cor CTORS Delete S10 X Delete 722	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS T946	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Baymenderus Rd & 519 CKSGNVIIIE, FL. 32254 CHENSON Change CKGGNVIIIE, FL. 32254 CKGGNVIIIE, FL. 32254 CKGGNVIIIE, FL. 32254 CHANGE Change Change CKGGNVIIIE, FL. 32254 CHANGE CHANGE	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIRE P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S LOCASIO, PAT	Trust Fund Cor CTORS Delete S10 DX Delete 722	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS T946	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CHOWARD Change CHANGE Change CKSONVILLE, FL. 32254 CKSONVILLE, FL. 32254	State IN 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S LOCASIO, PAT _7990 BAYMEADOWS ROAD E., #5 JACKSONVILLE, FL 32256	Trust Fund Cor CTORS Delete S10 X Delete 722	TITLE NAME STREET ADDRESS CITY-ST-ZIP TAGE THE TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAGE	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Baymenderus Rd & 519 CKSGNVIIIE, FL. 32254 CHENSON Change CKGGNVIIIE, FL. 32254 CKGGNVIIIE, FL. 32254 CKGGNVIIIE, FL. 32254 CHANGE Change Change CKGGNVIIIE, FL. 32254 CHANGE CHANGE	State IN 10 Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S LOCASIO, PAT _7990 BAYMEADOWS ROAD E., #5 JACKSONVILLE, FL 32256 T HOGARTY, TIMOTHY 7990 BAYMEADOWS ROAD E., #4 JACKSONVILLE, FL 32256 D CERRO, CARRIE	Trust Fund Cor CTORS Delete S10 X Delete 722 Delete 505	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Change Baymeaderus Rd & 519 CKSG1VIIIE, FL. 32254 Change CKSG1	State IN 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUMRINE, NARDA H 7990 BAYMEADOWS ROAD E., #6 JACKSONVILLE, FL 32256 VP TIMPONE, GARY 7990 BAYMEADOWS ROAD E., #7 JACKSONVILLE, FL 32256 S LOCASIO, PAT _7990 BAYMEADOWS ROAD E., #5 JACKSONVILLE, FL 32256 T HOGARTY, TIMOTHY 7990 BAYMEADOWS ROAD E., #4 JACKSONVILLE, FL 32256 D	Trust Fund Cor CTORS Delete S10 X Delete 722 Delete 505	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP	Added to Fees Florida Department of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Change Baymeaderus Rd & 519 CKSG1VIIIE, FL. 32254 Change CKSG1	State IN 10 Addition Addition	
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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 the empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #