

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N01000007292

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

Current Principal Place of Business:

7990 BAYMEADOWS RT. E
#104
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

7990 BAYMEADOWS RT. E
JACKSONVILLE, FL 32256 US

Current Mailing Address:

7400 BAYMEADOWS WAY
#317
JACKSONVILLE, FL 32256 US

New Mailing Address:

475 WEST TOWN PLACE
SUITE 100
ST. AUGUSTINE, FL 32092 US

FEI Number: 22-3849748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFER, SHERRILL
7400 BAYMEADOWS WAY
STE 317
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

SEVERN TRENT SERVICES
475 WEST TOWN PLACE
SUITE 100
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: CAROL YOUNG

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWARD, BILL
Address: 7990 E. BAYMEADOWS RD #519
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: HENSON, NANCY
Address: 7990 E. BAYMEADOWS RD 619
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CRAVER, CHRIS
Address: 7990 E. BAYMEADOWS RD #601
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: HOGARTY, TIMOTHY
Address: 7990 BAYMEADOWS ROAD E., #423
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: CERRO, CARRIE
Address: 7990 BAYMEADOWS ROAD E., #517
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY HOGARTY

T

04/17/2009

Electronic Signature of Signing Officer or Director

Date