

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007292

FILED
Apr 14, 2011
Secretary of State

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

Current Principal Place of Business:

7990 BAYMEADOWS RD. E
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

475 WEST TOWN PLACE
SUITE 200
ST. AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 22-3849748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES
475 WEST TOWN PLACE
SUITE 200
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LOCASCIO, PAT
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD
Name: HENSON, NANCY
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D
Name: DAVIS, CHRIS
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TD
Name: HOGARTY, TIMOTHY
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: NANCY D HENSON

SD

04/14/2011

Electronic Signature of Signing Officer or Director

Date