
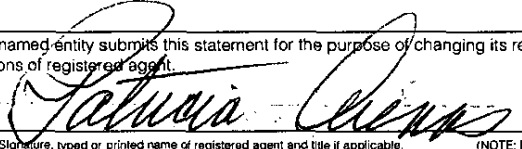
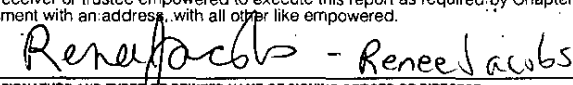


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90025 046 ****61.25

DOCUMENT # N02000003924					
1. Entity Name HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION III, INC.					
Principal Place of Business 7785 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE, FL 32256			Mailing Address 7785 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address 40 MAY MANAGEMENT SVC INC.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5455 A1A SOUTH			
City & State		City & State ST. AUGUSTINE, FL		4. FEI Number 52-2380699	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32080	USA	32080	USA		
6. Name and Address of Current Registered Agent SMITH, DAVID A 7785 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent PATRICIA ARENAS Street Address (P.O. Box Number is Not Acceptable) 40 MAY MANAGEMENT SERVICES INC. 5455 A1A SOUTH City ST AUGUSTINE FL 32080		
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  Patricia Arenas <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARBACZ, BRIAN		NAME		
STREET ADDRESS	7785 BAY MEADOW WAY, #200		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, ENAYI		NAME		
STREET ADDRESS	7785 BAYNEADOWS WAY #200		STREET ADDRESS	7785 BAYMEADOWS RD.E. JACKSONVILLE, FL 32080 32256	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEDEL, LINDA		NAME		
STREET ADDRESS	7785 BAYMEADOWS WAY #200		STREET ADDRESS	7990-1001 BAYMEADOWS RD.E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	7990-930 BAYMEADOWS RD.E.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	7990-1106 BAYMEADOWS RD.E.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	7990-921 BAYMEADOWS RD.E.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE:  Renee Jacobs			2/23/04 6462470		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

94021305



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