

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90032 019 ****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
**5455 AIA SOUTH
SAINT AUGUSTINE, FL 32080**

40046308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
52-2380699

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SVE, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **SMALL, ENAYI**
STREET ADDRESS **7785 BAYNEADOWS WAY #200**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **TD** ☒ Delete
NAME **RAMOS, GLORIA**
STREET ADDRESS **7990-1001 BAYMEADOWS RD.E**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **PD** ☒ Delete
NAME **JACOBS, RENEE**
STREET ADDRESS **7990-1106 BAYMEADOWS RD.E**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **SD** ☒ Delete
NAME **HAMILTON, CANDANCE**
STREET ADDRESS **7990-1106 BAYMEADOWS RD.E**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **VP** ☒ Delete
NAME **JONES, SYLVESTER**
STREET ADDRESS **7990-921 BAYMEADOWS RD.E**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

TITLE **Jerry C. Klement**
NAME **President**
STREET ADDRESS **7990 Baymeadows Road E. # 909**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **Shelly Carrillo**
NAME **~~V. P. Secretary~~ Secretary**
STREET ADDRESS **7990 Baymeadows Road E. # 922**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **Lois G. Walker**
NAME **Treasurer**
STREET ADDRESS **7990 Baymeadows Road E. # 1125**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE **Sherrill Phillips**
NAME **7990 Baymeadows Rd., E. #1119**
STREET ADDRESS **Jacksonville FL 32256**
CITY-ST-ZIP **~~Secretary~~ V.P.**

TITLE **Pam Hiller**
NAME **7990 Baymeadows Rd., E. #1030**
STREET ADDRESS **Jacksonville FL 32256**

IRS IN 10

range ☒ Addition

range ☒ Addition

range ☒ Addition

range ☒ Addition

range ☒ Addition

range ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, F.S., or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

director

he information
ficer or director
10 or Block 11 if

Jerry C Klement 2/1/06