

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90049 037 \*\*\*\*61.25

<b>DOCUMENT # N02000003924</b>					
<b>1. Entity Name</b> HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION III, INC.					
<b>Principal Place of Business</b> 7785 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE, FL 32256			<b>Mailing Address</b> 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080		
<b>2. Principal Place of Business - No P.O. Box #</b> 7990 Baymeadows Rd E		<b>3. Mailing Address</b> 7400 BAYMEADOWS WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 104			
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 52-2380699	
<b>Zip</b> 32256		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MAY MANAGEMENT SVE, INC 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			<b>7. Name and Address of New Registered Agent</b> Name <u>William S. Emmerich</u> Street Address (P.O. Box Number is Not Acceptable) 7400 BAYMEADOWS WAY, Suite 104 City <u>JACKSONVILLE</u> <u>FL</u> <u>32256</u>		
<b>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.</b>					
SIGNATURE <u>William S. Emmerich</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/19/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> KLEMENT, JERRY C 7990 BAYMEADOWS RD E 909 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> LORIS WALKER 7990 BAYMEADOWS RD E 1125 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> CAMILLO, SHELLY 7990 BAYMEADOWS RD E 922 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Heidi Ohde 7990 BAYMEADOWS RD E 1106 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> PHILLIPS, SHERRILL 7990 BAYMEADOWS RD E 1119 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> PAM Hiller 7990 BAYMEADOWS RD E 1030 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HILLER, PAM 7990 BAYMEADOWS RD E 1030 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LAURA Sisler 7990 BAYMEADOWS RD E 807 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <u>Loris Walker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/15/07</u> <small>Daytime Phone #</small>		