
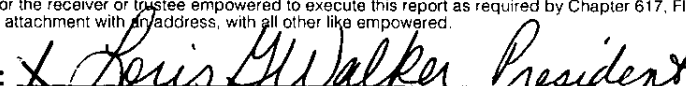


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90005 031 ****61.25

DOCUMENT # N02000003924 1. Entity Name HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION III, INC.					
Principal Place of Business 7990 E. BAY MEADOWS ROAD JACKSONVILLE, FL 32256 US			Mailing Address 7400 BAY MEADOWS WAY SUITE 104 JACKSONVILLE, FL 32256 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7400 Baymeadows way			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 317			
City & State		City & State Jacksonville, FL			
Zip	Country	Zip 32250	Country USA	4. FEI Number 52-2380699	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EMMERICH, WILLIAM S 7400 BAY MEADOWS WAY SUITE 104 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: Sherrill Schafer Street Address (P.O. Box Number is Not Acceptable) 7400 Baymeadows way Suite 317 City: Jacksonville FL Zip Code: 32250		
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: 		SHERILL SCHAFER		1-8-2008	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D SISLER, LAURA 7990 BAYMEADOWS RD EAST #807 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMILLO, SHELLY 7990 BAYMEADOWS RD E 922 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carillo, Shelly <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, LOIS G 7990 BAYMEADOWS RD E 1125 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walker, Lois <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, SHERRILL 7990 BAYMEADOWS RD E 1119 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILLER, PAM 7990 BAYMEADOWS RD E 1030 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHDE, HEIDI 7990 E. BAY MEADOWS RD #1106 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			3/10/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		