

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000003924	
1. Entity Name HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION III, INC.	



FILED  
08 NOV 10 PM 12:07

Principal Place of Business 7990 E. BAY MEADOWS ROAD JACKSONVILLE, FL 32256 US	Mailing Address 7400 BAY MEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256 US
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	
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10102008 Chg-NP CR2E037 (12/06)

City & State	SEVERN TRENT SERVICES, INC 475 W TOWN PLACE, SUITE 100
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4. FEI Number 52-2380699	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	ST AUGUSTINE, FL 32092
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCHAFFER, SHERRILL 7400 BAY MEADOWS WAY SUITE 317 JACKSONVILLE, FL 32256	

7. Name and Address of New Registered Agent	
N: ST SEVERN TRENT SERVICES, INC 475 W TOWN PLACE, SUITE 100 ST AUGUSTINE, FL 32092 Ci 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 <i>Sheli Moran as agent</i>	10/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$61.25	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
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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	700137794377 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/10/08--01066--006 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARILLO, SHELLY 7990 BAYMEADOWS RD E 922 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee, Betty <input type="checkbox"/> Change <input type="checkbox"/> Addition 7990-1120 Baymeadow Rd E Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, LORIS 7990 BAYMEADOWS RD E 1125 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	V HILLER, PAM 7990 BAYMEADOWS RD E 1030 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$74/13 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OHDE, HEIDI 7990 E. BAY MEADOWS RD #1106 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Klement Suzanne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7990-969 Baymeadow Rd E Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Loris G Walker</i>	10/13/08	904 940 6044
Signature and typed or printed name of signing officer or director		

Loris G Walker