

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003924

FILED
Mar 09, 2009
Secretary of State

Entity Name: HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM ASSOCIATION III, INC.

Current Principal Place of Business:

7990 E. BAY MEADOWS ROAD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, SUITE 100
ST AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 52-2380699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE
SUITE 100
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SISLER, LAURA
Address: 7990 BAYMEADOWS RD EAST #807
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: LEE, BETTY
Address: 7990-1120 BAYMEADOWS RD E
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: WALKER, LORIS
Address: 7990 BAYMEADOWS RD E 1125
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: HILLER, PAM
Address: 7990 BAYMEADOWS RD E 1030
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: KLEMENT, SUZANNE
Address: 7990-909 BAYMEADOWS RD E
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORIS WALKER

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date