

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003924

FILED
Apr 25, 2011
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 200
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 200
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: PD
Name: WALKER, LORIS
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VPD
Name: LONG, GRAHAM
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD
Name: HILLER, PAM
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TD
Name: LEE, BETTY
Address: 475 WEST TOWN PLACE, SUITE 200
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: LORIS G WALKER

PD

04/25/2011

Electronic Signature of Signing Officer or Director

Date