2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003924

FILED Mar 13, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

7990 E. BAY MEADOWS ROAD 7990 BAY MEADOWS ROAD E JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

SEVERN TRENT SERVICES, INC. 475 W TOWN PLACE, SUITE 200 ST AUGUSTINE, FL 32092 US

FEI Number: 52-2380699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEVERN TRENT SERVICES, INC. 475 W TOWN PLACE SUITE 200 ST AUGUSTINE, FL 32092 US

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:

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

Title:

Name: ISBELL, SUNSHINE

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: BETTY LEE T 03/13/2012