2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

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Entity Name: HORIZONS AT STONEBRIDGE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

C/O SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 46-0311680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779 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 ( ) Delete
Name: LEIFERMAN, JIM
Address: 555 WINDERLEY PLACE, SUITE 420
City-St-Zip: MAITLAND, FL 32751

Title: VD ( ) Delete
Name: BUTLER, CHRIS
Address: 555 WINDERLEY PLACE, SUITE 420
City-St-Zip: MAITLAND, FL 32751

Title: STD ( ) Delete
Name: DUNCAN, JUDITH
Address: 555 WINDERLEY PLACE, SUITE 420
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PUVOGEL, DOUG
Address: 4701 VINELAND RD STE 500
City-St-Zip: ORLANDO, FL 32811

Title: VPD (X) Change ( ) Addition
Name: HOENSTINE, MATTHEW
Address: 3224 DANTE DR #108
City-St-Zip: ORLANDO, FL 32835

Title: STD (X) Change ( ) Addition
Name: DUNCAN, JUDITH
Address: 4901 VINELAND RD STE 500
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUG PUVOGEL PD 04/05/2004

Electronic Signature of Signing Officer or Director — Date