

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008858

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 46-0511680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 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: POWER, RAY
Address: 6214 STEVENSON DR #206
City-St-Zip: ORLANDO, FL 32835

Title: VPD () Delete
Name: VEASEY, CATHLEEN
Address: 6166 STEVENSON DR #307
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: CHARRON, MARIO
Address: 6214 STEVENSON DR #102
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: DILWORTH, TONY
Address: 6166 STEVENSON DR #105
City-St-Zip: ORLANDO, FL 32835

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

Title: PD (X) Change () Addition
Name: CHARRON, MARIO
Address: 6214 STEVENSON DR #102
City-St-Zip: ORLANDO, FL 32835

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: MARIO CHARRON

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date