

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003924

Entity Name: HORIZONS AT STONEBRIDGE VILLAGE CONDOMINIUM
ASSOCIATION III, INC.**Current Principal Place of Business:**7990 BAY MEADOWS ROAD E
JACKSONVILLE, FL 32256**Current Mailing Address:**6620 SOUTHPOINTE DR
SUITE 610
JACKSONVILLE, FL 32216 US**FEI Number:** 52-2380699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICE OF ROSANNE PERRINE
6620 SOUTHPOINTE DR
SUITE 610
JACKSONVILLE, FL 32216 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:** RYAN GARRISON

03/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ISELL, SUNSHINE
Address	6620 SOUTHPOINTE DR SUITE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	LEE, BETTY
Address	6620 SOUTHPOINTE DR SUITE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	RASHID, NAIM
Address	6620 SOUTHPOINTE DR SUITE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	RASHAD, NAIM
Address	6620 SOUTHPOINTE DR SUITE 610
City-State-Zip:	JACKSONVILLE FL 32216

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

PRESIDENT

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date