

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 APR 26 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 771089 (0)

1. Corporation Name  
**STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

~~794 E VICTORIA CIR~~ ~~ORMOND BCH FL 32174-7364~~

~~794 E VICTORIA CIR~~ ~~ORMOND BCH FL 32174-7364~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number ~~59-1894185~~ **59-2406755** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **794 E. Victoria Circle** 26 **794 E. Victoria Circle**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Ormond Beach FL** 28 **Ormond Beach FL**

24 **32174** 25 **USA** 29 **32174** 30 **USA**

9. Name and Address of Current Registered Agent

**BRANT, MATTHEW**  
**794 VICTORIA CIRCLE E**  
**ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent

81 Name **Robert C. Martens**

82 Street Address (P.O. Box Number is Not Acceptable) **794 E. Victoria Circle**

83

84 City **Ormond Beach FL** 85 Zip Code **32174**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert C. Martens **Robert C. Martens, Treasurer** **4/7/95**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BLAIR FLYLER</b>
STREET ADDRESS	<b>817 W VICTORIA CIR</b>
CITY - ST - ZIP	<b>ORMOND BCH FL</b>
TITLE	<b>V</b>
NAME	<b>CAMPBELL, ROBERT</b>
STREET ADDRESS	<b>812 VICTORIA CIR W</b>
CITY - ST - ZIP	<b>ORMOND BCH FL</b>
TITLE	<b>TD</b>
NAME	<b>MATTHEW, BRANT</b>
STREET ADDRESS	<b>793 E VICTORIA CIR</b>
CITY - ST - ZIP	<b>ORMOND BCH FL</b>
TITLE	<b>D</b>
NAME	<b>ELAINE BRANT</b>
STREET ADDRESS	<b>793 VICTORIA CR., E</b>
CITY - ST - ZIP	<b>ORMOND BCH FL</b>
TITLE	<b>S</b>
NAME	<b>HARRIS, BILL</b>
STREET ADDRESS	<b>815 VICTORIA CIR W</b>
CITY - ST - ZIP	<b>ORMOND BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Beatrice Garthwaite</b>
2.3 STREET ADDRESS	<b>797 E. Victoria Circle</b>
2.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Robert C. Martens</b>
3.3 STREET ADDRESS	<b>794 E. Victoria Circle</b>
3.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Carol J. Martens</b>
4.3 STREET ADDRESS	<b>794 E. Victoria Circle</b>
4.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Mickey Harris</b>
6.3 STREET ADDRESS	<b>815 W. Victoria Circle</b>
6.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Martens **Robert C. Martens** **4/7/95** **(904) 673-1734**

(NOTE: Registered Agent signature required when reappointing)