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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 771089

1. Corporation Name

STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

794 E. VICTORIA CIRCLE
 ORMOND BCH FL 32174-7364
 US

Mailing Address

794 E. VICTORIA CIRCLE
 ORMOND BCH FL 32174-7364
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/28/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2406755	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

MARTENS, ROBERT C.
 794 E. VICTORIA CIRCLE
 ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR PLYLER		1.2 NAME		
STREET ADDRESS	817 W VICTORIA CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTHWAITE, BEATRICE		2.2 NAME		
STREET ADDRESS	797 E. VICTORIA CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTENS, ROBERT C		3.2 NAME		
STREET ADDRESS	794 E. VICTORIA CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, RICHARD		4.2 NAME		
STREET ADDRESS	793 E. VICTORIA CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, BILL		5.2 NAME		
STREET ADDRESS	815 VICTORIA CIR W		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKEY, HARRIS		6.2 NAME		
STREET ADDRESS	815 W. VICTORIA CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Robert C. Martens **REQUIRED** Martens Date: 4/26/99 Daytime Phone #: (904) 673-1734

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SEAN HOOLEHAN
ST. ADDRESS 796 E. VICTORIA CIR
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE V
NAME GEORGINA TAYLOR
ST. ADDRESS 828 W. VICTORIA CIR
CITY-ST-ZIP ORMOND BCH FL 32174

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