

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90088 045 \*\*\*\*61.25

**DOCUMENT # 771089**

1. Entity Name

**STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

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

794 E. VICTORIA CIRCLE  
 ORMOND BCH FL 32174-7363  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

790 E Victoria Cr.

Ormond Beach FL

32174

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2406755

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Beverly Eiko

Street Address (P.O. Box Number is Not Acceptable)

790 E Victoria Cr.

City

Ormond Beach

FL

Zip Code

32174

8. 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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-00

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAIR PLYLER	
STREET ADDRESS	817 W VICTORIA CIR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARTHWAITE, BEATRICE	
STREET ADDRESS	797 E. VICTORIA CIRCLE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTENS, ROBERT C	
STREET ADDRESS	794 E. VICTORIA CIRCLE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, RICHARD	
STREET ADDRESS	793 E. VICTORIA CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, BILL	
STREET ADDRESS	815 VICTORIA CIR W	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICKEY, HARRIS	
STREET ADDRESS	815 W. VICTORIA CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean Hobbiehan	
STREET ADDRESS	796 E Victoria	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Marris	
STREET ADDRESS	788 E. Victoria Cr.	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	L	
CITY-ST-ZIP	L	
TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Eiko	
STREET ADDRESS	790 E. Victoria Cr.	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	L	
CITY-ST-ZIP	L	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00  
 Date  
 904-248-0592  
 Daytime Phone #