

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90048 002 \*\*\*\*61.25

**DOCUMENT # 771089**

1. Entity Name

**STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, IN**

Principal Place of Business

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

Mailing Address

790 E VICTORIA CT  
 ORMOND BCH FL 32174-7364  
 US

**600649**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

790 E Victoria Circle

Suite, Apt. #, etc.

City & State

Ormond Beach FL

Zip

FL 32174

Country

US

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

**ELKA, BEVERLY**  
**790 E. VICTORIA CR**  
**ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HODLEHAN, SEAN</b>	
STREET ADDRESS	<b>796 E VICTORIA</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MAKRIS, STEVE</b>	
STREET ADDRESS	<b>788 E. VICTORIA CR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTENS, ROBERT C</b>	
STREET ADDRESS	<b>794 E. VICTORIA CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, RICHARD</b>	
STREET ADDRESS	<b>793 E. VICTORIA CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRIS, BILL</b>	
STREET ADDRESS	<b>815 VICTORIA CIR W</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MICKEY, HARRIS</b>	
STREET ADDRESS	<b>815 W. VICTORIA CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Elka, Beverly</b>	
STREET ADDRESS	<b>790 E Victoria Cr.</b>	
CITY-ST-ZIP	<b>Ormond Beach FL 32174</b>	
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

1-5-01

904.248-0592

Date

Daytime Phone #

0010072

CR2E037 (10/00)