

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 021 ****61.25

DOCUMENT # 771089
 1. Entity Name
STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
810 W VICTORIA CIRCLE 790 E. VICTORIA CIRCLE
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174
US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

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
MCMAHON, ALICIA
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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Alicia McMahon* **ALICIA MCMAHON** **TREASURER** **FEB 19, 2004**
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FREIGO, DON <input checked="" type="checkbox"/> Delete 810 W VICTORIA CIRCLE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, RICHARD <input checked="" type="checkbox"/> Delete 793 E VICTORIA CIRCLE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTENS, ROBERT C <input type="checkbox"/> Delete 794 E. VICTORIA CIRCLE ORMOND BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, RICHARD <input type="checkbox"/> Delete 793 E. VICTORIA CIRCLE ORMOND BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMAHON, ALICIA <input type="checkbox"/> Delete 790 E VICTORIA CIRCLE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WILLIAM <input checked="" type="checkbox"/> Delete 815 W. VICTORIA CIRCLE ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PEEL, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 823 W VICTORIA CIRCLE OB FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEEL, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 792 E VICTORIA CIRCLE OB FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 815 W. VICTORIA CIRCLE OB FL 32174

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: *Alicia McMahon* **ALICIA MCMAHON** **FEB 19 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #