

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771089

FILED
Feb 06, 2009
Secretary of State

Entity Name: STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

792 E VICTORIA CIRCLE
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

792 E. VICTORIA CIRCLE
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2406755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKELLY, JAMES
792 E. VICTORIA CIR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MAKRIS, STEVE
Address: 788 E VICTORIA CIR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MARTENS, ROBERT C
Address: 794 E. VICTORIA CIRCLE
City-St-Zip: ORMOND BCH, FL

Title: D () Delete
Name: LAWRENCE, RICHARD
Address: 793 E. VICTORIA CIRCLE
City-St-Zip: ORMOND BEACH, FL

Title: T () Delete
Name: SKELLY, JAMES
Address: 792 E VICTORIA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: HARRIS, WILLIAM
Address: 815 W. VICTORIA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: EPSTEIN, LORI
Address: 817 W VICTORIA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LANGSTON, CONNIE
Address: 821 W VICTORIA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SKELLY

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date