

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

3/1

03-10-2003 90777 004 \*\*\*\*61.25

**DOCUMENT # 771089**



1. Entity Name  
**STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, IN C.**

Principal Place of Business  
**794 E. VICTORIA CIRCLE  
ORMOND BEACH FL 32174  
US**

Mailing Address  
**790 E. VICTORIA CIRCLE  
ORMOND BEACH FL 32174  
US**

**55020428**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**810 W. VICTORIA CIRCLE**

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**ORMOND BEACH FL**

City & State

4. FEI Number **59-2406755**

Applied For  
Not Applicable

Zip  
**32174**

Country  
**USA**

Zip  
Country

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

**MCMAHON, ALICIA  
790 E. VICTORIA CR  
ORMOND BCH FL 32174**

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*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOOLEHAN, SEAN</b> <b>798 E VICTORIA</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAKRIS, STEVE</b> <b>788 E. VICTORIA CR.</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTENS, ROBERT C</b> <b>794 E. VICTORIA CIRCLE</b> <b>ORMOND BCH FL</b>	<input checked="" type="checkbox"/> Delete <i>OKAY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWRENCE, RICHARD</b> <b>793 E. VICTORIA CIRCLE</b> <b>ORMOND BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCMAHON, ALICIA</b> <b>790 E VICTORIA CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, WILLIAM</b> <b>815 W. VICTORIA CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DON FREIGO</b> <b>810 W. VICTORIA CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RICHARD LAWRENCE</b> <b>793 E. VICTORIA CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DON FREIGO</b> <b>810 W. VICTORIA CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STIM SKELLY</b> <b>792 E VICTORIA CIRCLE</b> <b>ORMOND BEACH FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

CR2E037 (10/02)