
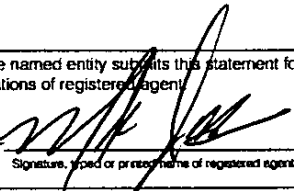
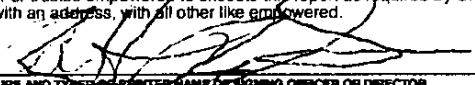


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90086 026 ****61.25

DOCUMENT # N00000002688			
1. Entity Name STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 835 SEDGEWOOD CIRCLE MELBOURNE, FL 32904		Mailing Address P.O. BOX 121431 MELBOURNE, FL 32904	
2. Principal Place of Business		3. Mailing Address 1617 Cooling Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Melbourne FL	
Zip	Country	Zip	Country
32935	USA	32935	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRENCH, LAWRENCE H 835 SEDGEWOOD CIRCLE MELBOURNE, FL 32904		Name Space Coast Property Management Street Address (P.O. Box Number is Not Acceptable) 1617 Cooling Ave City Melbourne FL Zip Code 32935	
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 		SIGNATURE MARK JACKSON DATE 4/27/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	TITLE	P
NAME	FRENCH, LAWRENCE H	NAME	Bremke, Bob
STREET ADDRESS	835 SEDGEWOOD CIRCLE	STREET ADDRESS	1122 Bainbury Lane
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	V	TITLE	V
NAME	DECARA, PHILIP J	NAME	Gubernat, Julann
STREET ADDRESS	994 SEDGEWOOD CIRCLE	STREET ADDRESS	2590 Stratford Pointe Drive
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	T	TITLE	S
NAME	BUTLER, DANIEL S	NAME	mealio, Nancy
STREET ADDRESS	1055 SEDGEWOOD CIRCLE	STREET ADDRESS	1184 Sedgewood Circle
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	S	TITLE	T
NAME	THOMAS, ROBERT	NAME	Nowell, Brad
STREET ADDRESS	2421 STRATFORD POINT DRIVE	STREET ADDRESS	1102 Bainbury Lane
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	D	TITLE	D
NAME	DILLO, MARIO	NAME	Gotzmer, Sue
STREET ADDRESS	1100 OLDE BAILEY LANE	STREET ADDRESS	525 Sedgewood Circle
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	D	TITLE	D
NAME	BELLROSE, ESTHERITH	NAME	Meyer, Joyce
STREET ADDRESS	405 SEDGEWOOD CIRCLE	STREET ADDRESS	1331 Olde Bailey Lane
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	West Melbourne, FL 32904
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: 		Date 4/10/05 (321) 952-3099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
ROBERT BREMKE			