2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006
Secretary of State

DOCUMENT# N05000012529

Entity Name: STRATFORD POINTE HOMEOWNERS' ASSOCIATION OF ORANGE COUNTY FLORIDA, INC.

Current Principal Place of Business:

8403 S. PARK CIRCLE
SUITE 670
ORLANDO, FL 32819

New Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

Current Mailing Address:

8403 S. PARK CIRCLE
SUITE 670
ORLANDO, FL 32819

New Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

FEI Number: 20-4959979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOKSON, SCOTT
8403 S. PARK CIRCLE
SUITE 670
ORLANDO, FL 32819 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: D ( ) Delete
Name: CALL, MATT
Address: 8403 S. PARK CIRCLE SUITE 670
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: COWHEAD, BRAD
Address: 8403 S. PARK CIRCLE SUITE 670
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: WANZECK, MATT
Address: 8403 S. PARK CIRCLE SUITE 670
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOMAIN, JOHN
Address: 9102 SOUTHPARK CENTER LOOP, SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: COWHEAD, BRAD
Address: 9102 SOUTHPARK CENTER LOOP, SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: CAMP, JEREMY
Address: 9102 SOUTHPARK CENTER LOOP, SUITE 200
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN DOMAIN D 08/07/2006

Electronic Signature of Signing Officer or Director — Date