2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90014 049 ****61.25

DOCUMENT # N00000002688

1. Entity Name
STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	1802 N. ALAFAYA TRAIL SUITE 108 ORLANDO, FL 32826

01212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 781291
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando Fl.
Zip / Country	Zip: 32878 / Country: US

4. FEI Number: 59-3653102 ☐ Applied For ☐ Not Applicable

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
SURFACE, FRANK 1802 N. ALAFAYA TRAIL SUITE 108 ORLANDO, FL 32826	Name: Community Resource Mgmt Street Address (P.O. Box Number is Not Acceptable) Perseda 19 E. Central Blvd City: Orlando FL Zip Code: 32801

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: Robert Arenella
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	P ARENELLA, ROBERT 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Huckabee, Rhonda 19 E. Central Blvd Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BLACKBURN, DONNA 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Arenella, Robert 19 E. Central Blvd Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MATHIS, SHERRI 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Mathis, Sherri 19 E. Central Blvd Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKER, JAMES 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Baker, Jim 19 E Central Blvd Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOTZMER, SUSAN 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gotmer, Susan 19 E. Central Blvd Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADORNO, JO ANN 1802 N. ALAFAYA TRAIL ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Adorno, Jo Ann 19 E. Central Blvd Orlando, FL 32801	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert Arenella 1/25/08 301-952-4065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #