2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002688

Entity Name: STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 29, 2024 **Secretary of State** 7110215339CC

Current Principal Place of Business:

7145 TURNER ROAD SUITE 101

ROCKLEDGE, FL 32955

Current Mailing Address:

7145 TURNER ROAD SUITE 101

ROCKLEDGE, FL 32955

FEI Number: 59-3653102 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OMEGA COMMUNITY MANAGEMENT, INC. 7145 TURNER ROAD SUITE 101

ROCKLEDGE, FL 32955 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title

Name HOBERT, STEVE Name SHIRAKA, JOSEPH 7145 TURNER ROAD 7145 TURNER ROAD Address Address

SUITE 101 SUITE 101

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title **SECRETARY** Title **TREASURER** Name MARBUT, RAMEE Name HEISE, JAN

Address 7145 TURNER ROAD Address 7145 TURNER ROAD

SUITE 101 SUITE 101

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR Title DIRECTOR

SHIPTON, DEBBIE JARVIS, THERESA Name Name

7145 TURNER ROAD 7145 TURNER ROAD Address Address

SUITE 101 SUITE 101

City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR

Name WALTON, DERRICK

Address 7145 TURNER ROAD SUITE 101

ROCKLEDGE FL 32955 City-State-Zip:

I hereby 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 all other like empowered.

04/29/2024 SIGNATURE: HOBERT, STEVE **PRESIDENT**