

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002688

**FILED**  
**Mar 25, 2015**  
**Secretary of State**  
**CC6274728911**

**Entity Name:** STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BELLA VITA PROPERTY MANAGEMENT  
2615 ARISTOCRAT DR  
MELBOURNE, FL 32901

**Current Mailing Address:**

P O BOX 120096  
MELBOURNE, FL 32912

**FEI Number: 59-3653102**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ST. JOHN ROSSIN & BURR, PLLC  
1601 FORUM PLACE SUITE 700  
WEST PALM BEACH, FL 33401 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: ROBERT B. BURR**

**03/25/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WEIMER, STEPHANIE  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title           PRESIDENT  
Name           BERNKOPF, PAUL  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title           VP, SECRETARY  
Name           HRINKO, DANIEL  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title           DIRECTOR  
Name           IMBERMAN, DOUGLAS  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

Title           DIRECTOR  
Name           BEACHLEY, PRISCILLA  
Address        PO BOX 120096  
City-State-Zip: MELBOURNE FL 32912

*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.*

**SIGNATURE: PAUL BERNKOPF**

**PRESIDENT**

**03/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date