

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002688

Entity Name: STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 24, 2014
Secretary of State
CC6614249720

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 & LEMME PA
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HRONEK, MICHELE
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 CONRAD, JANET
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

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date