

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002688

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 & 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