

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007117

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC4935421255**

**Entity Name:** STOCKTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11270 SW TOWNPARK AVE  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

11270 SW TOWNPARK AVE  
PORT ST LUCIE, FL 34987 US

**FEI Number: 20-5987648**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, P.A.  
RIVER OAK CENTER  
401 SE OSCEOLA ST FIRST FLOOR  
STUART, FL 34994 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:** LANCE D. CLOUSE, ESQ.

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COSTA , SANTO  
Address 11270 SW TOWNPARK AVE  
City-State-Zip: PORT ST LUCIE FL 34987

Title PRESIDENT  
Name MILMORE, MARY  
Address 11270 SW TOWNPARK AVE  
City-State-Zip: PORT ST LUCIE FL 34987

Title VP  
Name KARR, CLIFFORD  
Address 11270 SW TOWNPARK AVE  
City-State-Zip: PORT ST LUCIE FL 34987

Title SECRETARY  
Name SLICHER, JOHN  
Address 11270 SW TOWNPARK AVE  
City-State-Zip: PORT ST LUCIE FL 34987

Title TREASURER  
Name BRADLEY, DANA  
Address 11270 SW TOWNPARK AVE.  
City-State-Zip: PORT ST. LUCIE FL 34987

*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:** MARY MILMORE

PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date