

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N05000012529

**Entity Name:** STRATFORD POINTE HOMEOWNERS' ASSOCIATION OF  
ORANGE COUNTY FLORIDA, INC.

**Current Principal Place of Business:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**FEI Number:** 20-4959979

**Certificate of Status Desired:** No

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

ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA  
811 MABBETTE STREET  
KISSIMMEE, FL 34741 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:** MARK HILLS

07/03/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CONOVER, JIM  
Address 10222 STRATFORD POINTE AVENUE  
City-State-Zip: ORLANDO FL 32832

Title TREASURER  
Name MARTINEZ, DAVE  
Address 11716 MALVERNS LOOP  
City-State-Zip: ORLANDO FL 32832

Title VP  
Name PURNELL, STEPHEN  
Address 10048 STRATFORD POINTE AVENUE  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name EMILIO, SANTOS  
Address 11848 MALVERNS LOOP  
City-State-Zip: ORLANDO FL 32832

*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:** JIM CONOVER

**PRESIDENT**

07/03/2014

Electronic Signature of Signing Officer/Director Detail

Date