

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002688

FILED
Jan 03, 2012
Secretary of State

Entity Name: STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 120096
MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 59-3653102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLA VITA PROPERTY MANAGEMENT
2615 ARISTOCRAT DR
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T
Name: HRONEK, MICHELE
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: P
Name: WEIMER, DANIEL
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

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

Title: D
Name: SHIPTON, JAMES
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: VP
Name: CONRAD, JANET
Address: PO BOX 120096
City-St-Zip: MELBOURNE, FL 32912

Title: D
Name: BEACHLEY, PRISCILLA
Address: PO BOX 120096
City-St-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: MICHELE HRONEK

T

01/03/2012

Electronic Signature of Signing Officer or Director

Date