

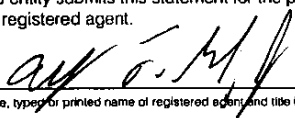
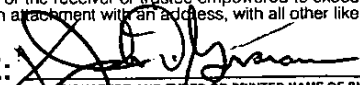


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90031 009 \*\*\*\*61.25

<b>DOCUMENT # N03000006609</b>					
<b>1. Entity Name</b> STRATFORD PLACE MASTER ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N, # 201 NAPLES, FL 34103			<b>Mailing Address</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N, # 201 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232007    Chg-NP    CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 20-0767840	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEILDS, CHRISTOPHER J P.O. DRAWER 1507 1833 HENDRY ST FORT MYERS, FL 33902			<b>7. Name and Address of New Registered Agent</b> Name: <b>Samouce, Robert C.</b> Street Address (P.O. Box, Not Applicable) 5405 Park Central Court City: <b>Naples, FL</b> Zip Code: <b>34109</b>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE:  DATE: <b>4/24/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> LACORTE, NATHAN 1410 TIFFANY LANE, #2504 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> DiGiovanni, John 944 Hampton Circle Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> DUNNIGAN, RONNIE 788 HAMPTON CIRCLE NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> Vasiloff, Carole 1345 Henley St., #708 Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> CAIN, JOHN 831 HAMPTON CIRCLE NAPLES, FL 34105	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ESPOSITO, ANTHONY 1350 HENLEY ST., #1501 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Henderson, John 1335 Henley St., #807 Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CRAFT, DEBORAH 1385 HENLEY ST., #506 NAPLES, FL 34105	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			<b>4/23/07</b> <b>6318353633</b> <small>Date    Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					