

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006609

FILED
Apr 30, 2009
Secretary of State

Entity Name: STRATFORD PLACE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

RESORT MANAGEMENT
2685 HORSE SHOE DR, STE 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

RESORT MANAGEMENT
2685 HORSE SHOE DR, STE 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 20-0767840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C
5405 PARK CENTRAL COURT
NAPLES, FL 34109 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: DP () Delete
Name: DIGIOVANNI, JOHN
Address: 944 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: V () Delete
Name: VASILOFF, CAROLE
Address: 1345 HENSLEY ST., #708
City-St-Zip: NAPLES, FL 34105

Title: DST () Delete
Name: CAIN, JOHN
Address: 831 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: CRAFT, DEBORAH
Address: 1365 HENLEY ST, STE 506
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: DUNNINGAN, RON
Address: 788 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: DIGIOVANNI, JOHN
Address: PO BOX 770612
City-St-Zip: NAPLES, FL 34107

Title: V (X) Change () Addition
Name: CLAIGUIRE, TOM
Address: 1375 HENSLEY ST., #303
City-St-Zip: NAPLES, FL 34105

Title: DP (X) Change () Addition
Name: SMITH, GREG
Address: 1405 TIFFANY LN, #1404
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOBOWSKI, DONNA
Address: 1012 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN DIGIOVANNI

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date