2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012529

Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD ORLANDO, FL 32809 SUITE 300 ORLANDO, FL 32822 US **Current Mailing Address:** New Mailing Address: 8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32809 ORLANDO, FL 32822 US FEI Number: 20-4959979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT LELAND MANAGEMENT 8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD ORLANDO, FL 32809 SUITE 300 ORLANDO, FL 32822 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: 04/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CAMP, JEREMY CONOVER, JIM Name: Name: 9102 S PARK CENTER LOOP SUITE 200 Address: 10222 STRATFORD POINTE AVE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32832 US (X) Change () Addition Title: () Delete Title: COWHERD, BRAD Name: PURNELL, STEHHEN Name: Address: 9102 S PARK CENTER LOOP . SUITE 200 Address: 10048 STRATFORD POINTE AVE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32832 US Title: STD () Delete Title: (X) Change () Addition INGLE, JIM Name: SPRINGER, NICOLETTE Name: 9102 S PARK CENTER LOOP SUITE 200 Address: Address: 10061 STRATFORD POINTE AVE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32832 US Title: () Delete Title: () Change (X) Addition Name: Name: MASCIOLI, JENNIFER 11837 MALVERNS LOOP Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32832 US Title: () Delete Title: () Change (X) Addition MARTINEZ, DAVE Name: Name: 11716 MALVERNS LOOP Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32832 US

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: JIM CONOVER P 04/28/2008