

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR 26 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **N07429** (6)  
1. Corporation Name  
**STRATFORD DOWNS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

1907 SW STRATFORD WAY  
P.O. BOX 1125  
PALM CITY FL 34980-9017

Mailing Address

P. O. BOX 1125  
PALM CITY FL 34980-9017  
US

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PANETTA J SUSAN  
1907 SW STRATFORD WAY  
PALM CITY FL 34990

3. Date Incorporated or Qualified

02/04/1985

4. FEI Number

58-1664635

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE J. Susan Panetta

Signature, typed or printed name of registered agent and title if applicable

J. Susan Panetta

(NOTE: Registered Agent Signature Required When Noted Change)

4-23-1999

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
PANETTA, J. SUSAN  
1907 SW STRATFORD WAY  
PALM CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
MCDERMOTT, DAVID  
1886 S.W. STRATFORD WAY  
PALM CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
WOLF, HOLLY  
1956 S.W. STRATFORD WAY  
PALM CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*\*\*306.25 \*\*\*\*\*306.25

☐ Change ☐ Addition

REINSTATEMENT 98-99

TS 4/27/99

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Susan Panetta J. SUSAN PANETTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/98

Exempt Fee # 0072604

CR2E037 (10/97)