

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07429

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** STRATFORD DOWNS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1836 SW STRATFORD WAY  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

SW STRATFORD DOWNS  
PALM CITY, FL 34990 US

**Current Mailing Address:**

P. O. BOX 1125  
PALM CITY, FL 34991 US

**New Mailing Address:**

1111 SE FEDERAL HIGHWAY  
SUITE 100  
STUART, FL 34994 US

**FEI Number:** 58-1664635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTELLO, VINCENT J  
1836 SW STRATFORD WAY  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

EGGERS, STEVEN K  
1956 SW STRATFORD WAY  
PALM CITY, FL 34990 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: STEVEN K. EGGERS

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EGGERS, STEVEN K  
Address: 1956 SW STRATFORD WAY  
City-St-Zip: PALM CITY, FL 34990 US

Title: VS ( ) Delete  
Name: KRYZDA, KEVIN  
Address: 1827 SW STRATFORD WAY  
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete  
Name: COSTELLO, VINCENT J  
Address: 1836 SW STRATFORD WAY  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: EGGERS, STEVEN K  
Address: 1956 SW STRATFORD WAY  
City-St-Zip: PALM CITY, FL 34990 US

Title: SD (X) Change ( ) Addition  
Name: KRYZDA, KEVIN  
Address: 1827 SW STRATFORD WAY  
City-St-Zip: PALM CITY, FL 34990

Title: VPTD (X) Change ( ) Addition  
Name: ERRICKSON, KATHLEEN  
Address: 1876 SW STRATFORD WAY  
City-St-Zip: PALM CITY, FL 34990

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: STEVEN K. EGGERS

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date