

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21103 (9)

1. Corporation Name

STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

HARBOUR MGMT
552 MAIN ST
SAFETY HARBOR FL 34695
US

HARBOUR MGMT
552 MAIN ST
SAFETY HARBOR FL 34695
US

3. Date Incorporated or Qualified
06/11/1987

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANKEL, BOB
33 N GARDEN AVE, CLEARWATER TOWERS
STE 960
CLEARWATER FL 34615

81 Name **DE JURI, JAMES**
82 Street Address (P.O. Box Number is Not Acceptable)
33 N. GARDEN AVE, CLEARWATER TOWERS
83 **STE 960**
84 City **CLEARWATER** FL 85 Zip Code **34615**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DONOHUE, EDWARD J.	
STREET ADDRESS	4053 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOEWEY, JOHN	
STREET ADDRESS	4066 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZACHARIAS, FREDERICK	
STREET ADDRESS	4058 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SPONSTER, Richard	
1.3 STREET ADDRESS	4092 DAVENTRY LANE	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONOHUE, Edward J	
2.3 STREET ADDRESS	4053 DAVENTRY LANE	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PICCIONE, FRANK	
3.3 STREET ADDRESS	3798 PRESIDENTIAL DR.	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
4.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARNHILL, DONALD	
4.3 STREET ADDRESS	4117 DAVENTRY LANE	
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
5.1 TITLE	SIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLS, HOWARD	
5.3 STREET ADDRESS	4111 DAVENTRY LANE	
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

*SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)