

FILE NOW: FILING FEE IS \$61.25

625

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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21103** (9)  
1. Corporation Name  
**STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>HARBOUR MGMT 552 MAIN ST SAFETY HARBOR FL 34695 US</b>	Mailing Address <b>HARBOUR MGMT 552 MAIN ST SAFETY HARBOR FL 34695 US</b>
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3. Date Incorporated or Qualified <b>06/11/1987</b>
4. FEI Number <b>59-2836993</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>2430 Estancia Blvd.</b> Suite, Apt. #, etc. 22 <b>Suite 114</b> City & State 23 <b>Clearwater, FL</b> Zip 24 <b>33761</b>	2a. Mailing Address 26 <b>2430 Estancia Blvd.</b> Suite, Apt. #, etc. 27 <b>Suite 114</b> City & State 28 <b>Clearwater, FL</b> Zip 29 <b>33761</b> Country 30 <b>U.S.A.</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEFURIO, JAMES  
33 NORTH GARDEN AVENUE, CLEARWATER TOWERS  
SUITE 980  
CLEARWATER FL 34615**

81 Name <b>Florida Central Management</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2430 Estancia Blvd., Suite 114</b>
83
84 City <b>Clearwater</b>
85 Zip Code <b>FL 33761</b>

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]* **X ROBERT M. NORK SR. V.P.** **3/31/98**  
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DONOHUE, EDWARD 4053 DAVENTRY LANE PALM HARBOR FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PICCIONE, FRANK 3798 PRESIDENTIAL DRIVE PALM HARBOR FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BARNHILL, DONALD 4117 DAVENTRY LANE PALM HARBOR FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLS, HOWARD 4111 DAVENTRY LANE PALM HARBOR FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLS, HOWARD 4111 DAVENTRY LANE PALM HARBOR FL 34685</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD BARRY BROWN 4135 Daventry Lane PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TD ARMANDO MASSA 4121 Daventry Lane PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SD LORI DOYLE 4131 DAVENTRY LANE PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VPD FRANK PICCIONE 3001 LANDMARK BLVD PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D CATHERINE FUSCO 4139 Daventry Lane Palm Harbor, FL 34685</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* **3/31/98**

CR2E037 (10/97)