

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90129 011 ****61.25

0064840

DOCUMENT # N21103

1. Corporation Name

STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2430 ESTANCIA BLVD
STE 114
CLEARWATER FL 33761
US

Mailing Address

2430 ESTANCIA BLVD
STE 114
CLEARWATER FL 33761
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/11/1987

4. FEI Number

59-2836993

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

9. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD
STE 114
CLEARWATER FL 33761

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BARRY	
STREET ADDRESS	4135 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PICCIONE, FRANK	
STREET ADDRESS	3001 LANDMARK BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MASSA, ARMANDO	
STREET ADDRESS	4121 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, LORI	
STREET ADDRESS	4131 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FUSCO, CATHERINE	
STREET ADDRESS	4139 DAVENTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CATHERINE J. RECH	
1.3 STREET ADDRESS	4119 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	KALVIN L. BOHN	
2.3 STREET ADDRESS	3576 EDINGTON WAY	
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	EARL J. DREW	
3.3 STREET ADDRESS	3495 EDINGTON WAY	
3.4 CITY-ST-ZIP	PALM HARBOR FL 34685	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOYLE, LORI	
4.3 STREET ADDRESS	4131 DAVENTAY LANE	
4.4 CITY-ST-ZIP	PALM HARBOR FL 34685	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARCIA MACKENZIE	
5.3 STREET ADDRESS	4058 DAVENTAY LANE	
5.4 CITY-ST-ZIP	PALM HARBOR FL 34685	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CRAIG C. DRAKE	
6.3 STREET ADDRESS	4067 DAVENTRY LANE	
6.4 CITY-ST-ZIP	PALM HARBOR FL 34685	

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, with all other like empowered.

SIGNATURE:

CATHERINE RECH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)