

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90170 008 \*\*\*\*61.25

**DOCUMENT # N21103**

1. Entity 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 33761-2607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2836993</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**FLORIDA CENTRAL MANAGEMENT**  
**2430 ESTANCIA BLVD**  
**STE 114**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECH, CATHERINE J <input checked="" type="checkbox"/> Delete 4119 DAVENTRY LN PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOHN, KALVIN L <input checked="" type="checkbox"/> Delete 3576 EDINGTON WAY PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, LORI <input checked="" type="checkbox"/> Delete 4131 DAVENTRY LANE PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DREW, EARL J <input type="checkbox"/> Delete 3495 EDINGTON WAY PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACKENZIE, MARCIA <input checked="" type="checkbox"/> Delete 4058 DAVENTRY LN PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, CRAIG C <input checked="" type="checkbox"/> Delete 4067 DAVENTRY LN PALM HARBOR FL 34685

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HURT, KAREN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4119 DAVENTRY LANE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, MARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3591 EDINGTON WAY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAM, MIKE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4141 DAVENTRY LANE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREW, EARL J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3495 EDINGTON WAY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, HOWARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4111 DAVENTRY LANE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan 12, 2000 (727) 784-1450

CR2E037 (9/99)