

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90060 026 \*\*\*\*61.25

<b>DOCUMENT # N21103</b> 1. Entity Name <b>STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3974 TAMPA RD, STE C OLDSMAR FL 34677 US</b>			Mailing Address <b>3974 TAMPA RD, STE C OLDSMAR FL 34677 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2836993</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HERITAGE PROPERTY MGMT 3974 TAMPA RD, STE C OLDSMAR FL 34677</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTRE JON, EUGENE		NAME	CHRISTOPHER CONNELL	
STREET ADDRESS	4141 DAVENTRY LANE		STREET ADDRESS	3598 COINGTON WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP	PALM HARBOR 34685	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	UPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, KESSLER		NAME	MARK MILLER	
STREET ADDRESS	4100 DAVENTRY LN		STREET ADDRESS	3591 COINGTON WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP	PALM HARBOR 34685	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE, HARRIS		NAME	TONI ROWE	
STREET ADDRESS	4092 DAVENTRY LN		STREET ADDRESS	3592 COINGTON WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP	PALM HARBOR FL 34677	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	HOWARD MILLS	
STREET ADDRESS			STREET ADDRESS	4111 DAVENTRY LANE	
CITY-ST-ZIP			CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Christopher Connell	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>RECEIVED MAR - 3 2004</b>					