


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90159 050 \*\*\*\*61.25

<b>DOCUMENT # N21103</b>	
1. Entity Name	
STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
3974 TAMPA RD, STE C OLDSMAR FL 34677 US	3974 TAMPA RD, STE C OLDSMAR FL 34677 US

2. Principal Place of Business	3. Mailing Address
3684 TAMPA RD. SUITE 6 OLDSMAR FL 34677 US	3684 TAMPA RD. SUITE 6 OLDSMAR FL 34677 US



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent	
HERITAGE PROPERTY MGMT 3974 TAMPA RD, STE C OLDSMAR FL 34677	

4. FEI Number	Applied For
59-2836993	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
3684 TAMPA RD	
SUITE 6	
City	Zip Code
OLDSMAR	FL 34677

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	TITLE	
NAME	CONNELL, CHRISTOPHER	NAME	
STREET ADDRESS	3598 EDINGTON WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	LAWRENCE, KESSLER	NAME	
STREET ADDRESS	4100 DAVENTRY LN	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	ROWE, TONI	NAME	
STREET ADDRESS	3592 EDINGTON WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34677	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	MILLER, MARK	NAME	
STREET ADDRESS	3591 EDINGTON WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE	D	TITLE	VPD
NAME	MILLS, HOWARD	NAME	
STREET ADDRESS	4111 DAVENTRY LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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.

**SIGNATURE:**  **LAWRENCE KESSLER, PRES** 3/2/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #