

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 047 ****61.25

DOCUMENT # N21103 1. Entity Name STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US			Mailing Address 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2836993	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERITAGE PROPERTY MGMT 3974 TAMPA RD SUITE 6 OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 3684, TAMPA RD. suite 6 City OLDSMAR FL Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNELL, CHRISTOPHER 3598 EDINGTON WAY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONNELL, CHRISTOPHER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, KESSLER 4100 DAVENTRY LN PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D BOWEN, CAREY 4117 DAVENTRY LN PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWE, TONI 3592 EDINGTON WAY PALM HARBOR, FL 34677	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, TINA 4066 DAVENTRY LANE PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, HOWARD 4111 DAVENTRY LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McAfee, SUZANNE 4090 DAVENTRY LANE PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McEvers, Vickie 4092 DAVENTRY LN PALM HARBOR FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Christopher Connell</u> <i>Treasurer</i> <u>2/15/06</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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