

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21103

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** STRATFORD COMMONS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3684 TAMPA RD  
SUITE 6  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

1799-B NORTH BELCHER ROAD  
CLEARWATER, FL 33765 US

**Current Mailing Address:**

3684 TAMPA RD  
SUITE 6  
OLDSMAR, FL 34677 US

**New Mailing Address:**

P.O. BOX 14357  
CLEARWATER, FL 33766 US

**FEI Number:** 59-2836993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERITAGE PROPERTY MGMT  
3684 TAMPA RD  
SUITE 6  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

AMERI-TECH REALTY INC  
1799-B NORTH BELCHER ROAD  
CLEARWATER, FL 33765 US

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: MICHAEL G PEREZ, PRESIDENT

04/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CONWELL, CHRISTOPHER  
Address: 3598 EDINGTON WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: BOWEN, CAREY  
Address: 4117 DAVENTRY LN  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: ALLEN, TINA  
Address: 4066 DAVENTRY LN  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete  
Name: AFFLITO, MICHAEL  
Address: 4090 DAVENTRY LN  
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD ( ) Delete  
Name: MCEVERS, VICKIE  
Address: 4092 DAVENTRY LN  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete  
Name: FLOWERS, ANITA  
Address: 4052 DAVENTRY LN  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER CONWELL

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date