

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 2008
Secretary of State

DOCUMENT# N23473

Entity Name: STRATFORD ON THE WATERS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O BARBARA HOERTZ
7003 SW CINNAMON CT
STUART, FL 34997 US**New Principal Place of Business:****Current Mailing Address:**C/O BARBARA HOERTZ
7003 SW CINNAMON CT.
STUART, FL 34997 US**New Mailing Address:****FEI Number:** 65-0032853**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOERTZ, BARBARA
7003 SW CINNAMON CT
STUART, FL 34997 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: CAMERON, MOLLY
Address: 7004 SW CINNAMON CT
City-St-Zip: STUART, FL 34997**Title:** VP () Delete
Name: BONADEO, DENISE
Address: 6983 SW CINNAMON CT.
City-St-Zip: STUART, FL 34997**Title:** ST () Delete
Name: HOERTZ, BARBARA
Address: 7003 SW CINNAMON CT
City-St-Zip: STUART, FL 34997**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP,S (X) Change () Addition
Name: SOVEL, DENISE
Address: 6983 SW CINNAMON CT.
City-St-Zip: STUART, FL 34997**Title:** T (X) Change () Addition
Name: HOERTZ, BARBARA
Address: 7003 SW CINNAMON CT
City-St-Zip: STUART, FL 34997**Title:** D () Change (X) Addition
Name: DIMAURO, JOHN
Address: 6923 SW CINNAMON CT
City-St-Zip: STUART, FL 34997**Title:** D () Change (X) Addition
Name: CAMERON, DAVID
Address: 7004 SW CINNAMON CT
City-St-Zip: STUART, FL 34997**Title:** D () Change (X) Addition
Name: MCKEY, BEN
Address: 6924 SW CINNAMON CT
City-St-Zip: STUART, FL 34997

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: BARBARA HOERTZ

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09/14/2008

Electronic Signature of Signing Officer or Director

Date