

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23473

FILED  
Jan 19, 2009  
Secretary of State

**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,S ( ) Delete  
Name: SOVEL, DENISE  
Address: 6983 SW CINNAMON CT.  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: HOERTZ, BARBARA  
Address: 7003 SW CINNAMON CT  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: DIMAURO, JOHN  
Address: 6923 SW CINNAMON CT  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: CAMERON, DAVID  
Address: 7004 SW CINNAMON CT  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: MCKEY, BEN  
Address: 6924 SW CINNAMON CT  
City-St-Zip: STUART, FL 34997

**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: BARBARA E. HOERTZ

T

01/19/2009

Electronic Signature of Signing Officer or Director

Date