

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N29789

1. Entity Name
STRATFORD GREEN HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
~~21045 COMMERCIAL TRAIL~~
~~BOCA RATON, FL 33486 US~~

Mailing Address
~~21045 COMMERCIAL TRAIL~~
~~BOCA RATON, FL 33486 US~~

2. Principal Place of Business - No P.O. Box #
11784 West Sample Rd
Suite, Apt. #, etc. *# 103*

3. Mailing Address
11784 W. Sample Rd
Suite, Apt. #, etc. *# 103*

City & State
Coral Springs, FL
Zip *33065* Country *USA*

City & State
CORAL Springs, FL
Zip *33065* Country *USA*

05152008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0175684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAM K. ISAACSON,~~
~~C/O LANG MANAGEMENT COMPANY, INC.~~
~~21045 COMMERCIAL TRAIL~~
~~BOCA RATON, FL 33486-1000~~

7. Name and Address of New Registered Agent

Name *United Community Mgt. Corp*
Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Rd #103
City *CORAL Springs* FL Zip Code *33065*

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 *Robert Simon* V.P. Finance United Comm Mgmt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME SIMON, ROBERT
STREET ADDRESS 3346 NW 53 CIR
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE P ☐ Delete
NAME PONCHER, BARBARA
STREET ADDRESS ~~3385 NW 53RD CIRCLE~~
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ST ☐ Delete
NAME SHAPIRO, GEORGE
STREET ADDRESS 3401 N.W. 51ST PL
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D ☐ Delete
NAME RATNER, HOWARD
STREET ADDRESS 3287 N.W. CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D ☐ Delete
NAME TURNER, STONEY
STREET ADDRESS 3293 NW 53 CIR
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME *800133690228*
STREET ADDRESS *07/29/08--01009--011 **61.25*
CITY-ST-ZIP

☒ Change ☐ Addition
NAME
STREET ADDRESS *3323 NW 53rd Circle*
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
NAME *Sidney*
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert Simon* ROBERT SIMON 6-16-08 561-4437593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

08 JUL 14 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



20.7/17