

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90023 046 \*\*\*\*61.25

**DOCUMENT # N33888**

1. Entity Name

**STRATFORD GREEN HOMEOWNERS ASSOCIATION OF  
LAKELAND, INC.**



Principal Place of Business

**838 STRATFORD DRIVE  
LAKELAND FL 33813  
US**

Mailing Address

**838 STRATFORD DRIVE  
LAKELAND FL 33813  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2956996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARTNEY, C. GREG  
838 STRATFORD DRIVE  
LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, LYN	
STREET ADDRESS	868 STRATFORD DR	
CITY-ST-ZIP	LAKELAND FL 33813-4701	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEADLEY, SCOTT	
STREET ADDRESS	875 STRATFORD DR	
CITY-ST-ZIP	LAKELAND FL 33813-4701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCARTNEY, C. GREG	
STREET ADDRESS	838 STRATFORD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813-4701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMS, STEVE	
STREET ADDRESS	868 STRATFORD DR	
CITY-ST-ZIP	LAKELAND FL 33813-4701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ VPD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	→ PD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. Greg McCartney - TREASURER C. GREG MCCARTNEY 3-1-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**863  
802-2766**