# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N98000006924

FILED Apr 20, 2006 Secretary of State

Entity Name: STRATFORD AT KINGS RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

**New Mailing Address: Current Mailing Address:** 

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 59-3577452 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 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:

Date

## Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change ( ) Addition STICH, BILL Name: STICH, BILL Name: 3774 AVON CT Address: 3774 AVON CT Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: VPD Title: PD (X) Change ( ) Addition ( ) Delete TORTORELLI, BILL Name: TORTORELLI, BILL Name:

Address: 3828 AVON CT Address: 3828 AVON CT City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: STD Title: () Change () Addition () Delete

HOBBS, SID Name: Name: 3770 AVON CT Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition

Name: PAULUS, HOA Name: KANELOS, NICK 1950 FARMINGTON CT Address: 3797 AVON CT Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: ( ) Delete Title: (X) Change ( ) Addition

MONASTRA, ANTHONY HOMBERGER, KEVIN Name: Name: 3837 AVON CT **3822 AVON CT** Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL TORTORELLI PD 04/20/2006