
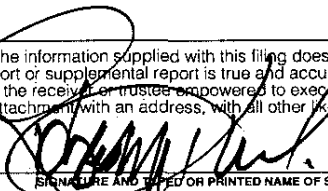


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 013 ***150.00

DOCUMENT # P03000014069 1. Entity Name STROKES COMMUNITY DEVELOPERS, INC.					
Principal Place of Business 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940			Mailing Address 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FRESE, GARY B 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIRARD, SUSAN 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUESCHER, KEITH 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUSH, ROBERT M 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONGO, PATRICK 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRINCE, FRANK 6767 N WICKHAM RD STE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	James L. Sigmond 6767 N. Wickham Rd Melbourne, FL 32940 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 607, 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 IXP empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.29.04 321.259.6972 <small>Date Daytime Phone #</small>		

64000401



04272004 Chg-P CR2E034 (10/03)

4. FEI Number **32-0058343** Applied For Not Applicable

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

Attachment

~~24068207~~
P03000014069

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Minton Cove Community Developers, Inc.

Continuation of #11

Addition:

V
Bar-Navon, Boaz
6767 N. Wickham Road, Suite 500
Melbourne, FL 32940