

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771089

**Entity Name:** STRATFORD PLACE SOUTH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jun 11, 2013**  
**Secretary of State**  
**CC1920668522**

**Current Principal Place of Business:**

792 E VICTORIA CIRCLE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

792 E. VICTORIA CIRCLE  
ORMOND BEACH, FL 32174 US

**FEI Number: 59-2406755**

**Certificate of Status Desired: No**

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

SKELLY, JAMES  
792 E. VICTORIA CIR  
ORMOND BEACH, FL 32174 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title V  
Name MAKRIS, STEVE  
Address 788 E VICTORIA CIR  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name LAWRENCE, RICHARD  
Address 793 E. VICTORIA CIRCLE  
City-State-Zip: ORMOND BEACH FL

Title S  
Name STANLEY, JANIS  
Address 798 E. VICTORIA CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name MARTENS, ROBERT C  
Address 794 E. VICTORIA CIRCLE  
City-State-Zip: ORMOND BCH FL

Title T  
Name SKELLY, JAMES  
Address 792 E VICTORIA CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name HAUTZ, DOUG  
Address 825 W VICTORIA CIR  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES SKELLY**

**TREASURER**

**06/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date