

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771089

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

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1795946388**

**Current Principal Place of Business:**

798 E VICTORIA CIRCLE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

798 E. VICTORIA CIRCLE  
ORMOND BEACH, FL 32174 US

**FEI Number: 59-2406755**

**Certificate of Status Desired: No**

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

STANLEY, JANICE M.  
798 E. VICTORIA CIRCLE  
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: JANICE M. STANLEY**

**01/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            TREASURER  
Name            STANLEY, JANICE M  
Address        798 E. VICTORIA CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title            SECRETARY  
Name            STANLEY, JANICE M  
Address        798 E. VICTORIA CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title            D  
Name            HARRIS, WILLIAM  
Address        815 W. VICTORIA CIR  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP  
Name            PARENT, DARLENE  
Address        799 E. VICTORIA CR.  
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: JANICE M. STANLEY**

**SECRETARY/TREASURER 01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date