FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

717754

(6)

STRATFORD HOUSE CONDOMINIUM, INC.

Principal Place of Business Mailing Address						
		2				
2841 NE 163 ST. 2841 NE 163 ST. NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 331			3160-4466			
US		US		2 Data Incorporated as Overlifted	do Day official Description	
				3. Date Incorporated or Qualified 12/17/1969	3a. Date of Last Report 05/23/1996	
······	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# oto	26 Suite Ant # ata		59-1284090	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	. <u>.</u>	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Re	Yes V No	
	g. Hame and Novides of Control	t riogistered Agent	81 Name	IU, Name and Address of New A	Sistered Affects	
ASH ITAAL	A IOUNI					
MILITANA, JOHN 82 Street Address (P.O. Box Number is Not Acceptable)						
8801 BISCAYNE BLVD MIAMI FL 33168			83			
MICAMIFI	L 33100					
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617 050:	2 and 617 1508. Florida Statute	es the above-named	corporation submits this statement for the	purpose of observing its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the cor	poration's board of directors. I hereby acce	pt the appointment as registered	
	m ramiliar with, and accept the obliga	ations of, Section 6 (7.0503, Pio	rida Statutes.			
SIGNATURE .	Signature, typicd or printed name of registered age	nt and title if applicable (NOTE	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	PD	✓ DELETE	1.1 TITLE	۵۵	Change Addition	
NAME	LOSQUADRO, LEONARD		1.2 NAME	LOSGUADED, LADHLED		
STREET ADDRESS	2841 NE 163RD ST 1014		1.3 STREET ADDRESS	2841 N.L. 163 20 ST.		
CITY-ST-ZIP	N MIAMI BCH FL 33160		1.4 CITY-ST-ZIP	N. LIMI BUN FL. 3	3160	
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	Taub, jessie		2.2 NAME			
STREET ADORESS	2841 NE 163RD ST 814		2 3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BCH FL 33160		2. 4 CiTY-ST-ZiP	\$ -		
TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	BONGIOUANNI, JOHN		3.2 NAME	'		
STREET ADDRESS	2841 NW 163RD ST 1002		3.3 STREET ADDRESS			
CITY - ST - ZIP	N MIAMI BCH FL 33160	Dr. Fre	3.4. CITY - ST - ZIP			
TITLE	DT	DELETE	4.1 TITLE		L Change Addition	
NAME CENTER ADDRESS	VITALE, JESSE		4. 2 NAME			
STREET ADDRESS	2841 NW 163 T. #202	00	4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	NORTH MIAMI BEACH FL 331	DELETE DELETE	4.4 CITY - ST - ZIP		Chance The Relief	
NAME		טנננונ 🗀 טנננונ	5.1 TITLE		Change Addition	
			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition	
NAME		C. OLCCIC	6.2 NAME		□ creatife ["1 vaction	
STREET ADDRESS						
CITY-ST-ZIP			6.3 STREET ADDRESS			
14. Ldo bereb	by certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP v for the exemption s	 stated in Section 119.07(3)(i), Ftorida Statute	is I further certify that the	
information I am an of	n indicated on this annual report or si flicer or director of the corporation or	upplemental annual report is tr the receiver or trustee empowe	ue and accurate and ered to execute this i	I that my signature shall have the same legi report as required by Chapter 617, Florida (al offect as if made under eath, that I	
appears in Block 12 or Block 13 if changed, or on an attachment with an address.						

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dayling Phone 7 0031540