

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729332 (7)**

1. Corporation Name  
**STRATFORD ARMS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2600 SOUTH OCEAN BLVD  
BOCA RATON FL 33432**

Mailing Address  
**2600 SOUTH OCEAN BLVD  
BOCA RATON FL 33432**

3. Date Incorporated or Qualified  
**04/05/1974**

3a. Date of Last Report  
**05/01/1995**

21	2. Principal Place of Business	22	Suite, Apt. #, etc.	23	City & State	24	Zip	25	Country	26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	City & State	29	Zip	30	Country	4.	FEI Number <b>59-1627939</b>	Applied For	Not Applicable
																				5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
																				6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
																				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent			
<b>SCHATZ, HAROLD J STRATFORD ARMS CONDOMINIUM 2600 S. OCEAN BLVD. 6-C BOCA RATON FL 33432</b>										81	Name		
										82	Street Address (P.O. Box Number is Not Acceptable)		
										83			
										84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Harold J. Schatz* **Harold J. Schatz, President** **4/17/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAKE, DONALD			1.2 NAME	Carol Burkhardt		
STREET ADDRESS	2600 S OCEAN BLVD 11C			1.3 STREET ADDRESS	2600 S. Ocean Blvd. PH B		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHILLER, RALPH D			2.2 NAME			
STREET ADDRESS	7219 MANDARIN DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CULHANE, WILLIAM A			3.2 NAME	Schatz, Harold J.		
STREET ADDRESS	2600 S OCEAN BLVD 7-A			3.3 STREET ADDRESS	2600 S. Ocean Blvd. 6-C		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	AST	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAGELBERG, BEATRICE			4.2 NAME			
STREET ADDRESS	2600 S OCEAN BLVD 14E			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEHMER, STANLEY			5.2 NAME	Audrey S. Theobald 6 E		
STREET ADDRESS	2600 S OCEAN BLVD 16F			5.3 STREET ADDRESS	2600 S. Ocean Blvd.		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEVY, HENRI			6.2 NAME	Robert Shalen		
STREET ADDRESS	2600 S. OCEAN BLVD. 12-F			6.3 STREET ADDRESS	2600 South Ocean Blvd. 19 E		
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-ST-ZIP	Boca Raton, FL 33432		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold J. Schatz* **Harold J. Schatz, Pres.** **4/17/96** **(407) 392-4611**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)