

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90061 012 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729332

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/05/1974

4. FEI Number

59-1627939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHATZ, HAROLD J
STRATFORD ARMS CONDOMINIUM
2600 S. OCEAN BLVD. 6-C
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
OUZIEL, BERNARD
82 Street Address (P.O. Box Number is Not Acceptable)
STRATFORD ARMS CONDOMINIUM
83 **2600 S. OCEAN BLVD. PH-B**
84 City **BOCA RATON** FL 85 Zip Code **33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAIN, SANDRA	
STREET ADDRESS	2600 S OCEAN BLVD 20-D	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DWORKIN, DORIS	
STREET ADDRESS	2600 S OCEAN BLVD 12-F	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHATZ, HAROLD J.	
STREET ADDRESS	2600 S. OCEAN BLVD 6-C	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAGELBERG, BEATRICE	
STREET ADDRESS	2600 S OCEAN BLVD 14E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEHMER, STANLEY	
STREET ADDRESS	2600 S OCEAN BLVD 16F	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYERSON, GEORGE	
STREET ADDRESS	2600 S OCEAN BLVD, 6F	
CITY-ST-ZIP	BOCA RATON FL 33432	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P D
1.3 STREET ADDRESS	OUZIEL, BERNARD
1.4 CITY-ST-ZIP	2600 S. OCEAN BLVD, PHB BOCA RATON, FL 33432
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T D
3.3 STREET ADDRESS	MATTHEW SOLINGER
3.4 CITY-ST-ZIP	2600 S OCEAN BLVD, 4F BOCA RATON, FL 33432
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	JAMES MCILRATH
4.4 CITY-ST-ZIP	2600 S. OCEAN BLVD, 8F BOCA RATON, FL 33432
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99

CR2E037-11198