

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90008 007 ****61.25

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DOCUMENT # 729332

1. Entity 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: Suite #, etc.

3. Mailing Address: Suite #, etc.

City & State

4. FEI Number: **59-1627939**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00058894



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OUZIEL, BERNARD
STRATFORD ARMS CONDOMINIUM
2600 S. OCEAN BLVD -PHB
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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: DATE: **7/11/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OUZIEL, BERNARD 2600 S OCEAN BLVD -PHB BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			SD STEVEN WALLACH 2600 S OCEAN BLVD 21-E BOCA RATON, FL
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DWORKIN, DORIS 2600 S OCEAN BLVD 12-F BOCA RATON FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VPD ROBIN ALSABTI 2600 S OCEAN BLVD 19-B BOCA RATON, FL 33432
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLINGER, MATTHEW 2600 S OCEAN BLVD 4F BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D DR. E. LIVA 2600 S OCEAN BLVD. 2PH-D BOCA RATON FL 33432
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCILRATH, JAMES 2600 S OCEAN BLVD 8F BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D THEOBALD, ALDOREY 2600 S OCEAN BLVD. 6-E BOCA RATON, FL 33432
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, EDWARD 2600 S OCEAN BLVD 16F BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D HARVEY, EDWARD S OCEAN BLVD - 2-E BOCA RATON FL. 33432
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERSON, GEORGE 2600 S OCEAN BLVD, 6F BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D CARTER, EDYTHE 2600 S OCEAN BLVD 2F BOCA RATON FL. 33432
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **7/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E037 (5/01)