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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001801 (9)

1. Corporation Name

THE STRATFORD 'O' CONDOMINIUM ASSOCIATION AT CEN
TURY VILLAGE, INC.



Principal Place of Business

3700 GEORGIA AVE.
W PALM BEACH FL 33405

Mailing Address

3700 GEORGIA AVE.
W PALM BEACH FL 33405-2125

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1551108

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLOSKEY, WILLIAM
3700 GEORGIA AVE.
W PALM BEACH FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME MILLER, SEYMOUR
STREET ADDRESS 197 STRATFORD 'O'
CITY-ST-ZIP W PALM BEACH FL 33417

1.1 TITLE VD Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME MUSSO, JOSEPH
STREET ADDRESS 201 STRATFORD 'O'
CITY-ST-ZIP W PALM BEACH FL 33417

2.1 TITLE PD Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME WEINSHENKER, ROSALYN
STREET ADDRESS 195 STRATFORD 'O'
CITY-ST-ZIP W PALM BEACH FL 33417

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME GREENSPAN, JEAN
STREET ADDRESS 207 STRATFORD 'O'
CITY-ST-ZIP W PALM BEACH FL 33417

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME PICCONE, JOHN
STREET ADDRESS 204 STRATFORD 'O'
CITY-ST-ZIP W PALM BEACH FL 33417

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME LERMAN, MIRIAM
6.3 STREET ADDRESS 199 Stratford 'O'
6.4 CITY-ST-ZIP W Palm Beach, FL 33417

14. I do 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.

SIGNATURE: *Joseph Musso* Joseph Musso 2/20/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040219

CR2E037 (9/96)