

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90294 001 \*\*\*857.50

**DOCUMENT # N94000001801**

1. Entity Name

**THE STRATFORD 'O' CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.**



Principal Place of Business

3700 GEORGIA AVE.  
W PALM BEACH FL 33405

Mailing Address

3700 GEORGIA AVE.  
W PALM BEACH FL 33405

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1551108**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~MCGLOSKEY, WILLIAM~~  
~~3700 GEORGIA AVE.~~  
~~W, PALM BEACH FL 33405~~

7. Name and Address of New Registered Agent

Name Dorothy Kefauver  
Street Address (P.O. Box Number is Not Acceptable) C/O Seacrest Services  
2400 Centre Park West Dr #175  
City W. Palm Beach **FL** Zip Code 33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/25/03  
DATE

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

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MUSSO, JOSEPH</b>	
STREET ADDRESS	<b>201 STATFORD O</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLE, SEYMOUR</b>	
STREET ADDRESS	<b>197 STRATFORD O</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WEINSHENKER, ROSALYN</b>	
STREET ADDRESS	<b>195 STRATFORD 'O'</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHUMAN, LEE</b>	
STREET ADDRESS	<b>200 STRATFORD O</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HECK, IDA</b>	
STREET ADDRESS	<b>STRATFORD</b>	
CITY-ST-ZIP	<b>WPB FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENSPAN, BENE</b>	
STREET ADDRESS	<b>209 STRATFORD O.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joseph Musso  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 <sup>561</sup>  
Date 687-0825  
Daytime Phone #

CR2E037 (10/02)

0035689