

FILE NOW: FILING FEE IS \$61.25

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**Apr 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001810 (0)
1. Corporation Name
THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business 33 STRATFORD "C" W PALM BEACH FL 33417	Mailing Address 33 STRATFORD "C" W PALM BEACH FL 33417
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3. Date Incorporated or Qualified 04/11/1994	4. FEI Number 59-1550728	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCLOSKEY, WILLIAM
3700 GEORGIA AVE.
W PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DENNICK, MYER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 33 STRATFORD "C" W PALM BEACH FL 33417	CITY-ST-ZIP W PALM BEACH FL 33417	1.2 NAME	
TITLE SD	NAME COYLE, HELEN	1.3 STREET ADDRESS	
STREET ADDRESS 41 STRATFORD "C" W PALM BEACH FL 33417	CITY-ST-ZIP W PALM BEACH FL 33417	1.4 CITY-ST-ZIP	
TITLE TD	NAME REISS, LOUIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 34 STRATFORD "C" W PALM BEACH FL 33417	CITY-ST-ZIP W PALM BEACH FL 33417	2.2 NAME	
TITLE VD	NAME TOBE, ABE	2.3 STREET ADDRESS	
STREET ADDRESS 42 STRATFORD C W PALM BCH FL	CITY-ST-ZIP W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE D	NAME TOBE, ABE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 42 STRATFORD "C" W PALM BEACH FL 33417	CITY-ST-ZIP W PALM BEACH FL 33417	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *M. Dennick* **M. DENNICK** Jan. 6th 1998 683-1354

CR2E037 (10/97)