

2001 UNIFORM BUSINESS REPORT (UBR)

4/20

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

04-20-2001 90105 001 ***918.75

DOCUMENT # *N 94000001811*
 1. Entity Name
THE STRATFORD A CONDOMINIUM ASSN @ CENTURY VILLAGE

Principal Place of Business Mailing Address
3700 GEORGIA AVE. 3700 GEORGIA AVE
WEST PALM BEACH FL WEST PALM BEACH FL
33405 33405

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
591550726 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mr C Losky, William - SEACREST SERVICES
3700 GEORGIA AVE.
WEST PALM BEACH, FL 33405

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 _____
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

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 Delete
PRES. / DIR. FRANK NEGLA
 STREET ADDRESS
A-9 STRATFORD A
 CITY-ST-ZIP
W.P.B. FL. 33417

TITLE NAME Change Addition

TITLE NAME Delete
V.P. / DIR. JOES PALEY
 STREET ADDRESS
5 STRATFORD A
 CITY-ST-ZIP
WPB FL 33417

TITLE NAME Change Addition

TITLE NAME Delete
SECY / DIR. ETHEL BOB
 STREET ADDRESS
1 STRATFORD A
 CITY-ST-ZIP
W.P.B. FL 33417

TITLE NAME Change Addition

TITLE NAME Delete
TREAS. MYRA BEHL
 STREET ADDRESS
3 STRATFORD A
 CITY-ST-ZIP
WPB FL. 33417

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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: *Joseph Paley* 3-29-01 *JOSEPH PALEY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)