

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000001813 (4)**

1. Corporation Name
THE STRATFORD "J" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business
135 STRATFORD "J" W PALM BEACH FL 33417

Mailing Address
135 STRATFORD "J" W PALM BEACH FL 33417

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number **59-1551572** Applied For Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
**MCCLOSKEY, WILLIAM
3700 GEORGIA AVE.
W PALM BEACH FL 33405**

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KATZ, IRVING | |
| STREET ADDRESS | 135 STRATFORD "J" | |
| CITY-ST-ZIP | W PALM BEACH FL 33417 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SCHWARTZ, ILANA | |
| STREET ADDRESS | 132 STRATFORD J | |
| CITY-ST-ZIP | W PALM BEACH FL 33417 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GLASSEL, ROSE | |
| STREET ADDRESS | 131 STRATFORD "J" | |
| CITY-ST-ZIP | W PALM BEACH FL 33417 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ETTINGER, PAULINE | |
| STREET ADDRESS | 128 STRATFORD "J" | |
| CITY-ST-ZIP | W PALM BEACH FL 33417 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | V.P. SOLOMON PERELMAN |
| 5.3 STREET ADDRESS | 126 STRATFORD J |
| 5.4 CITY-ST-ZIP | W.P. BEACH, FL 33417 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | V.P. MICHAEL J. COLANGELO |
| 6.3 STREET ADDRESS | 125 STRATFORD J |
| 6.4 CITY-ST-ZIP | W.P. BEACH, FL 33417 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Irving Katz Date: 3/15/96 Daytime Phone #: 684-2970

CR2E037 (12/95)