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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001813

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

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1551572	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

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			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, NORMA	1.2 NAME	
STREET ADDRESS	133 STRATFORD J	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, JO	2.2 NAME	Michael Colangelo
STREET ADDRESS	130 STRATFORD J	2.3 STREET ADDRESS	125 STRATFORD J.
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	WEST Palm Be, FL 33417
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSEL, ROSE	3.2 NAME	MARIAM KATZ
STREET ADDRESS	131 STRATFORD "J"	3.3 STREET ADDRESS	135 STRATFORD J
CITY-ST-ZIP	W PALM BEACH FL 33417	3.4 CITY-ST-ZIP	WEST Palm BE, FL 33417
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETTINGER, PAULINE	4.2 NAME	
STREET ADDRESS	128 STRATFORD "J"	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33417	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVKIN, FAY	5.2 NAME	IRVING KATZ
STREET ADDRESS	136 STRATFORD J	5.3 STREET ADDRESS	135 STRATFORD J
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	WEST Palm BE, FL 33417
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELMAN, SOL	6.2 NAME	
STREET ADDRESS	126 STRATFORD J	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Norma Gordon* 1/13/99 561 7983700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

EX107