

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90077 001 \*\*\*918.75

**DOCUMENT # N94000001813**

1. Entity Name

**THE STRATFORD "J" CONDOMINIUM ASSOCIATION AT CEN**

Principal Place of Business

Mailing Address

133 STRATFORD "J"  
 W PALM BEACH FL 33417

133 STRATFORD "J"  
 W PALM BEACH FL 33417-6743

**11413**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1551572**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLOSKEY, WILLIAM**  
**3700 GEORGIA AVE.**  
**W PALM BEACH FL 33405**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, NORMA</b>	
STREET ADDRESS	<b>133 STRATFORD J</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COLANGELO, MICHAEL</b>	
STREET ADDRESS	<b>125 STRATFORD J</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KATZ, MARIAM</b>	
STREET ADDRESS	<b>135 STRATFORD J</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ETTINGER, PAULINE</b>	
STREET ADDRESS	<b>128 STRATFORD "J"</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KATZ, IRVING</b>	
STREET ADDRESS	<b>135 STRATFORD J</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33417</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PERELMAN, SOL</b>	
STREET ADDRESS	<b>126 STRATFORD J</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	

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	
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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:

*Norma Gordon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00  
 Date

688-1891  
 Daytime Phone #

CR2E037 (9/99)