

FILE NOW: FILING FEE IS \$61.25

FILED
May 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
--	---	---

DOCUMENT # 717754 (6)
1. Corporation Name
STRATFORD HOUSE CONDOMINIUM, INC.

Principal Place of Business 2841 NE 163 ST. NORTH MIAMI BEACH FL 33160 US	Mailing Address 2841 NE 163 ST. NORTH MIAMI BEACH FL 33160 US
---	---

2. Principal Place of Business 21 <i>same</i>	2a. Mailing Address 26 <i>same</i>
Suite, Apt. #, etc. 22 <i>office</i>	Suite, Apt. #, etc. 27 <i>office</i>
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MILTANA, JOHN
6801 BISCAYNE BLVD
MIAMI FL 33168**

3. Date Incorporated or Qualified
12/17/1969

4. FEI Number
59-1284090

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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	SD	<input type="checkbox"/> DELETE
NAME	LOSQUADRO, LEONARD	
STREET ADDRESS	2841 NE 163RD ST 1014	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TAUB, JESSIE	
STREET ADDRESS	2841 NE 163RD ST 814	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BONGIOUANNI, JOHN	
STREET ADDRESS	2841 NW 163RD ST 1002	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	VITALE, JESSE	
STREET ADDRESS	2841 NW 163 T. #202	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Jesse Vitale* **Jesse Vitale 4/6/98/305-949-6775**

CR2E037 (10/97)