

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90117 010 \*\*\*\*70.00

**DOCUMENT # 748852**

1. Corporation Name

**STRATHMORE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

5295 TOWN CENTER ROAD, STE 200  
BOCA RATON FL 33486

Mailing Address

5295 TOWN CENTER ROAD, STE 200  
BOCA RATON FL 33486



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/10/1979

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2020998

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.  
5295 TOWN CENTER RD, STE 200  
BOCA RATON FL 33486

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GOODGION, DON  
STREET ADDRESS 3069 N.W. 26TH CT.  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SCHAFER, REBECCA  
STREET ADDRESS 3098 NW 29TH AVENUE  
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

D  
JERRY WAGENHALS  
3024 NW 25 TER.  
BOCA RATON, FL 33434

TITLE VPD  
NAME O'CONNOR, DAVID  
STREET ADDRESS 3098 NW 25TH TERR  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME SHAKERDGE, STEVE  
STREET ADDRESS 3068 NW 26TH TERR  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME BENDER, JERRY  
STREET ADDRESS 3093 NW 28 TERR  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99

CR2E037 (11/98)