

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**  
**May 06, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N94000001810**

1. Corporation Name

**THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CEN  
TURY VILLAGE, INC.**

Principal Place of Business

**33 STRATFORD "C"  
W PALM BEACH FL 33417**

Mailing Address

**33 STRATFORD "C"  
W PALM BEACH FL 33417**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**04/11/1994**

4. FEI Number

**59-1550728**

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

9. Name and Address of Current Registered Agent

**MCCLOSKEY, WILLIAM  
3700 GEORGIA AVE.  
W PALM BEACH FL 33417**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

**12.** TITLE ☐ DELETE

**NAME** PD  
**DENNICK, MYER**  
**STREET ADDRESS** 33 STRATFORD "C"  
**CITY-ST-ZIP** W PALM BEACH FL 33417

**13.** TITLE ☒ DELETE

**NAME** SD  
**COYLE, HELEN**  
**STREET ADDRESS** 41 STRATFORD "C"  
**CITY-ST-ZIP** W PALM BEACH FL 33417

**14.** TITLE ☐ DELETE

**NAME** TD  
**REISS, LOUIS**  
**STREET ADDRESS** 34 STRATFORD "C"  
**CITY-ST-ZIP** W PALM BEACH FL 33417

**15.** TITLE ☐ DELETE

**NAME** VD  
**TOBE, ABE**  
**STREET ADDRESS** 42 STRATFORD C  
**CITY-ST-ZIP** W PALM BCH FL

**16.** TITLE ☐ DELETE

**NAME** D  
**TOBE, ABE**  
**STREET ADDRESS** 42 STRATFORD "C"  
**CITY-ST-ZIP** W PALM BEACH FL 33417

**17.** TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/8/99

561-683-1354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)