


FILE NOW: FILING FEE IS \$61.25

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

05-06-1999 90288 002 ***796.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N94000001815 | | | | | |
| 1. Corporation Name THE STRATFORD "H" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC. | | | | | |
| Principal Place of Business 3700 GEORGIA AVE. W PALM BEACH FL 33405 | | | Mailing Address 3700 GEORGIA AVE. W PALM BEACH FL 33405 | | |



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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 04/11/1994 4. FEI Number 59-1550730 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|--|---|--|

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|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent MCCLOSKEY, WILLIAM 3700 GEORGIA AVE. W PALM BEACH FL 33405 | | | | 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

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|---------------------------------|--|---|---|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ROBBINS, HAROLD | | | 1.2 NAME | | | |
| STREET ADDRESS | 109 STRATFORD | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W PALM BCH FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CALDERON, ROSE | | | 2.2 NAME | | | |
| STREET ADDRESS | 101 STRATFORD H | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W PALM BEACH FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCOCO, ALEXANDER | | | 3.2 NAME | | | |
| STREET ADDRESS | 107 STRATFORD "H" | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W PALM BEACH FL 33417 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SAPOLSKY, ROBERT | | | 4.2 NAME | | | |
| STREET ADDRESS | 109 A STRATFORD H | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W PALM BEACH FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BANKHEAD, RUTH | | | 5.2 NAME | | | |
| STREET ADDRESS | 102A STRATFORD H" | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | W PALM BEACH FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)