2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000001810** May 04, 2000 8:00 am Secretary of State THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CEN 05-04-2000 90077 001 ***918.75 Principal Place of Business Mailing Address 33 STRATFORD *C 33 STRATFORD *C W PALM BEACH FL 33417-1612 W PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1550728 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCCLOSKEY, WILLIAM 3700 GEORGIA AVE. W PALM BEACH FL 33417 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE TITLE NAME NAME DENNICK, MYER STREET ADDRESS STREET ADDRESS 33 STRATFORD "C" CITY-ST-ZIP CITY-ST-7IP W PALM BEACH FL 33417 ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME NAME THEODORA, JANI STREET ADDRESS STREET ADDRESS 29 STRATFORD C CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33417 Change ☐ Addition TITLE TD ☐ Delete TITLE NAME REISS, LOUIS NAME STREET ADDRESS STREET ADDRESS 34 STRATFORD "C" CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33417 REISS. RUTH V.P. 34 STRATFORD "C" Change ☐ Addition **VD** Delete TITLE TOBE, ABE NAME NAME STREET ADDRESS STREET ADDRESS **42 STRATFORD C** WEST PAIM BEACH FL 33+17 CITY-ST-7IP CITY-ST-ZIP W PALM BCH FL Delete ☐ Addition TITLE TITLE NAME NAME TOBE, ABE STREET ADDRESS STREET ADDRESS 42 STRATFORD "C" CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33417 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 expowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR