

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90108 001 \*\*\*918.75

**DOCUMENT # N94000001810**

1. Entity Name

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

Principal Place of Business

Mailing Address

**34 STRATFORD C  
W PALM BEACH FL 33417**

**34 STRATFORD C  
W PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

**29 STRATFORD C**

**29 STRATFORD C**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1550728**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME REISS, RUTH  
STREET ADDRESS 34 STRATFORD "C"  
CITY-ST-ZIP W PALM BEACH FL 33417 ☒ Delete

TITLE PD  
NAME PAUL PIAZZA  
STREET ADDRESS 29 STRATFORD C  
CITY-ST-ZIP W PALM BEACH FL 33417 ☒ Change ☐ Addition

TITLE SD  
NAME THEODORA, JANI  
STREET ADDRESS 29 STRATFORD C  
CITY-ST-ZIP W PALM BEACH FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE TD  
NAME ANNETTE PIAZZA  
STREET ADDRESS 29 STRATFORD C  
CITY-ST-ZIP W PALM BEACH FL 33417 ☒ Change ☐ Addition

TITLE VPD  
NAME KELLY, MICHAEL  
STREET ADDRESS 36 STRATFORD "C"  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 or 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 empowered.

**SIGNATURE:**

**PAUL PIAZZA PRES. REQUIRED** *Paul Piazza* 1-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)