

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90068 043 \*\*\*\*61.25

**DOCUMENT # 717754**

1. Entity Name  
**STRATFORD HOUSE CONDOMINIUM, INC.**



Principal Place of Business  
 2841 NE 163 ST.  
 NORTH MIAMI BEACH, FL 33160 US

Mailing Address  
 2841 NE 163 ST.  
 NORTH MIAMI BEACH, FL 33160 US

**50014857**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**HORIZON MAINTNACE SERVICES**  
**5618 HOLLYWOOD BLVD.**  
**HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 2/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TURSI, LILLIAN	
STREET ADDRESS	2841 NE 163RD ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PICCOLO, GASPARE	
STREET ADDRESS	2841 NW 163RD ST 1002	
CITY-ST-ZIP	N MIAMI BCH, FL 33160	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VITALE, JESSE	
STREET ADDRESS	2841 NW 163 T. #202	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard Losquadro	
STREET ADDRESS	2841 NE 163 St	
CITY-ST-ZIP	N. Miami Bch, FL 33160	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hilda Komer	
STREET ADDRESS	2841 NE 163 St	
CITY-ST-ZIP	N. Miami Bch, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Moreno	
STREET ADDRESS	2841 NE 163 St	
CITY-ST-ZIP	N. Miami Bch, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maribel Alamo	
STREET ADDRESS	2841 NE 163 St	
CITY-ST-ZIP	N. Miami Bch, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Hilda Lee Komer DATE: 2/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #