2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 717754

Entity Name: STRATFORD HOUSE CONDOMINIUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1284090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCI0ATES, P.A.
6261 NORTHWEST 6 WAY, SUITE 103
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: LOSQUADRO, LEONARD
Address: 2841 NW 163RD ST STE 1014
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: PD ( ) Delete
Name: PALMER, THOMAS
Address: 2841 NE 163 ST 615
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: VITALE, JESSE
Address: 2841 NW 163 T. #202
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: BRUNO, ANGELA
Address: 2841 NE 163ST #404
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SD ( ) Delete
Name: ALONSO, MARIBEL
Address: 2841 NE 163 ST 709
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: SINGER, MICHAEL
Address: 2841 NE 163ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PALMER PD 01/13/2009

Electronic Signature of Signing Officer or Director — Date