

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729332

Entity Name: STRATFORD ARMS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2600 SOUTH OCEAN BLVD
BOCA RATON, FL 33432**Current Mailing Address:**2600 SOUTH OCEAN BLVD
BOCA RATON, FL 33432 US**FEI Number:** 59-1627939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
625 NORTH FLAGLER DRIVE 7TH FLOOR
WEST PALM BEACH, FL 33401 US*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

Officer/Director Detail :

Title P
Name WALLACH, STEVEN
Address 2600 S OCEAN BLVD, 21-E
City-State-Zip: BOCA RATON FL 33432

Title T
Name SOLINGER, MATTHEW
Address 2600 S OCEAN BLVD, 4-F
City-State-Zip: BOCA RATON FL 33432

Title D
Name CARTER, EDYTHE
Address 2600 S. OCEAN BLVD., 2-F
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name ROBINSON, DONALD
Address 2600 SOUTH OCEAN BLVD
7-F
City-State-Zip: BOCA RATON FL 33432

Title V
Name PERSAUD, FREDERICK
Address 2600 S OCEAN BLVD, 10-D
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name EIDENBERG, ANITA
Address 2600 S OCEAN BLVD, 2-B
City-State-Zip: BOCA RATON FL 33432

Title D
Name MACCHIA, ARLENE
Address 2600 S. OCEAN BLVD., 15-A
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name ZUCKERMAN, SEYMOUR
Address 2600 SOUTH OCEAN BLVD
5-E
City-State-Zip: BOCA RATON FL 33432

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I hereby 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 all other like empowered.

SIGNATURE: STEVEN WALLACH**PRESIDENT****03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WOLFE, HERBERT
Address	2600 SOUTH OCEAN BLVD. 19-C
City-State-Zip:	BOCA RATON FL 33432