

**2020 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 DIRECTOR  
Name PERSAUD, FREDERICK  
Address 2600 S OCEAN BLVD, 10-D  
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY, DIRECTOR  
Name ROBINSON, CAROL  
Address 2600 S OCEAN BLVD 7-E  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name POZO, RICARDO  
Address 2600 S. OCEAN BLVD., 9-E  
City-State-Zip: BOCA RATON FL 33432

Title VP  
Name VILLANO, DAVID J.  
Address 2600 S. OCEAN BLVD., 7-D  
City-State-Zip: BOCA RATON FL 33432

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

Title DIRECTOR  
Name COHEN, GAIL  
Address 2600 S OCEAN BLVD, 6-F  
City-State-Zip: BOCA RATON FL 33432

Title TREASURER  
Name GOLKIN, PENELOPE  
Address 2600 SOUTH OCEAN BLVD, 5-F  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name SENATORE, CHUCK  
Address 2600 S. OCEAN BLVD., 7-C  
City-State-Zip: BOCA RATON FL 33432

**Continues on page 2**

*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:** ARLENE MACCHIA**PRESIDENT****05/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | BILL, MILLER          |
| Address         | 2600 S OCEAN BLVD 9-E |
| City-State-Zip: | BOCA RATON FL 33432   |