

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757958 (4)

1. Corporation Name

THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

5601 TURTLE BAY DRIVE
SUITE 100
NAPLES FL 33963

5601 TURTLE BAY DRIVE
SUITE 100
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1981	3a. Date of Last Report 03/25/1994
4. FEI Number 59-2300102	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIEVE, WILLIAM P
STRATFORD AT PELICAN BAY COND ASSOC.
5601 TURTLE BAY DRIVE #100
NAPLES FL 33963

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	EVENSON, NANCY A	1.2 NAME	GRIEVE, WILLIAM P
STREET ADDRESS	5601 TURTLE BAY DRIVE	1.3 STREET ADDRESS	5601 TURTLE BAY DRIVE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL
TITLE	VD	2.1 TITLE	D
NAME	MALONE, EDWARD A.	2.2 NAME	EVENSON, NANCY M.
STREET ADDRESS	5601 TURTLE BAY DRIVE	2.3 STREET ADDRESS	5601 TURTLE BAY DRIVE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES FL
TITLE	VD	3.1 TITLE	
NAME	THORNER, GERALD C.	3.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	SIENKIEWICZ, CHET	4.2 NAME	PUTMAN, NORMAN J.
STREET ADDRESS	5601 TURTLE BAY DRIVE	4.3 STREET ADDRESS	5601 TURTLE BAY DRIVE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES FL 33963
TITLE	TD	5.1 TITLE	TD
NAME	GRIEVE, WILLIAM P	5.2 NAME	LAVELLE, GERALD F.
STREET ADDRESS	5601 TURTLE BAY DRIVE	5.3 STREET ADDRESS	5601 TURTLE BAY DRIVE
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES FL
TITLE	D	6.1 TITLE	
NAME	HACKER, DONALD	6.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

3/8/95

Date

813-597-3501

FLORIDA DEPARTMENT OF STATE