

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757958 (4)

1. Corporation Name
THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC



Principal Place of Business: **5601 TURTLE BAY DRIVE SUITE 100 NAPLES FL 33963**
Mailing Address: **5601 TURTLE BAY DRIVE SUITE 100 NAPLES FL 33963**

3. Date Incorporated or Qualified: **05/08/1981**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2300102	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVENSON, NANCY A	1.2 NAME	D
STREET ADDRESS	5601 TURTLE BAY DRIVE	1.3 STREET ADDRESS	Charles Counselman, jr.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	5601 Turtle Bay Drive
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, EDWARD A.	2.2 NAME	DT
STREET ADDRESS	5601 TURTLE BAY DRIVE	2.3 STREET ADDRESS	GERALD LAELLE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	5601 TURTLE BAY DRIVE
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	NAPLES, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIENKIEWICZ, CHET	4.2 NAME	DS
STREET ADDRESS	5601 TURTLE BAY DRIVE	4.3 STREET ADDRESS	CHARMAINE POWERS
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	5601 TURTLE BAY DRIVE
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEVE, WILLIAM P	5.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACKER, DONALD	6.2 NAME	D
STREET ADDRESS	5601 TURTLE BAY DRIVE	6.3 STREET ADDRESS	NORMAN PUTMAN
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	5601 TURTLE BAY DRIVE

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 119.07(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: William P. Grieve **WILLIAM P. GRIEVE, PRESIDENT** 941-597-3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)