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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 34108-2791



3. Date Incorporated or Qualified <b>05/08/1981</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-2300102</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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 type="checkbox"/> DELETE
NAME	COUNSELMAN, CHARLES J	
STREET ADDRESS	5601 TURTLE BAY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>DF</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>LAVELLE, GERALD</del>	
STREET ADDRESS	<del>5601 TURTLE BAY DR</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THORNER, GERALD C.	
STREET ADDRESS	5601 TURTLE BAY DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	POWERS, CHARMAINE	
STREET ADDRESS	5601 TURTLE BAY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRIEVE, WILLIAM P	
STREET ADDRESS	5601 TURTLE BAY DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUTMAN, NORMAN	
STREET ADDRESS	5601 TURTLE BAY DR	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COUNSELMAN, CHARLES C.	
1.3 STREET ADDRESS	5601 TURTLE BAY DR	
1.4 CITY-ST-ZIP	NAPLES FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MATUSKA, ROBERT	
2.3 STREET ADDRESS	5601 TURTLE BAY DR	
2.4 CITY-ST-ZIP	NAPLES, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/26 97

CR2E037 (9/96)