


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90021 049 \*\*\*\*61.25

**DOCUMENT # 757958**

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



Principal Place of Business  
**5601 TURTLE BAY DR.  
 MAIN OFFICE  
 NAPLES, FL 34108-2746**

Mailing Address  
**5601 TURTLE BAY DR.  
 MAIN OFFICE  
 NAPLES, FL 34108-2746**

**44028302**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**59-2300102**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HANSEN, CLAIRE  
 5601 TURTLE BAY DR  
 UNIT #2001  
 NAPLES, FL 34108**

**7. Name and Address of New Registered Agent**

Name  
**Becker & Poliakoff, P.A.**

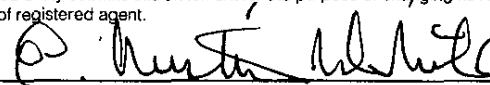
Street Address (P.O. Box Number is Not Acceptable)

**4501 Tamiami Tr N, Ste 214**

City  
**Naples**

Zip Code  
**FL 34103**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **E. Austin White, Esq., For the Firm**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

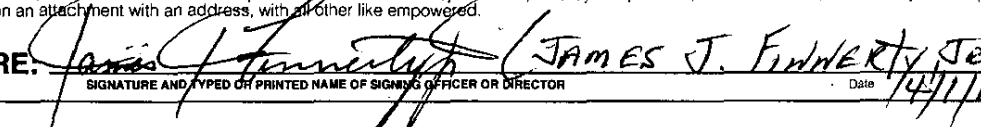
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, WILLIAM 5601 TURTLE BAY DR. #901 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, JAMES 5601 TURTLE BAY DR., #2204 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, CLAIRE 5601 TURTLE BAY DR. #2001 NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORNER, FRITZI 5601 TURTLE BAY DR., #504 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINNERTY, JAMES 5601 TURTLE BAY DRIVE #1704 NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNUTH, SUSAN 5601 TURTLE BAY DR. #2201 NAPLES, FL 34108	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hansen, Claire 5601 Turtle Bay Dr. #2001 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carolyn Ballaban 5601 Turtle Bay Dr., #402 Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Finnerty, James 5601 Turtle Bay Dr., #1704 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Knuth, Susan 5601 Turtle Bay Dr. #2201 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **(JAMES J. FINNERTY, JR)** **339-571-3501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/11/04** Daytime Phone # **3501**

Attachment

#757958  
44028300

**ADDITION TO BLOCK 11**

D  
Malone, Edward  
5601 Turtle Bay Dr. #2104  
Naples, FL 34108