

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90098 036 \*\*\*\*61.25

**DOCUMENT # 757958**  
1. Entity Name  
**THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC**



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

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2300102** Applied For  
Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF, P.A.  
4501 TAMIAMI TRAIL NORTH  
SUITE 214  
NAPLES FL 34103**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BALLABAN, CAROLYN</b>	
STREET ADDRESS	<b>5601 TURTLE BAY DRIVE, 3402</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>HANSEN, CLAIRE</b>	
STREET ADDRESS	<b>5601 TURTLE BAY DR. #2001</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FINNERTY, JAMES</b>	
STREET ADDRESS	<b>5601 TURTLE BAY DRIVE #1704</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KNUTH, SUSAN</b>	
STREET ADDRESS	<b>5601 TURTLE BAY DR. #2201</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>WILLIAM GRIEVE</b>	<input type="checkbox"/> Delete
NAME	<b>5601 TURTLE BAY DR</b>	
STREET ADDRESS	<b>NAPLES FL, 34108</b>	
CITY-ST-ZIP		
TITLE	<b>JOAN MILLER</b>	<input type="checkbox"/> Delete
NAME	<b>5601 TURTLE BAY DR</b>	
STREET ADDRESS	<b>NAPLES, FL, 34108</b>	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARD MALONE</b>	
STREET ADDRESS	<b>5601 TURTLE BAY DR</b>	
CITY-ST-ZIP	<b>NAPLES, FL, 34108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **JAMES J. FINNERTY, JR** 4/27/05 - 239-592-0286  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #