
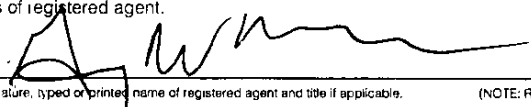
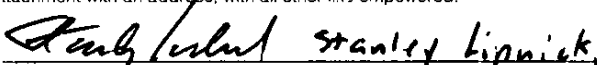


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90013 033 ****61.25

DOCUMENT # 757958					
1. Entry 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2300102	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 4501 TAMiami TRAIL NORTH SUITE 214 NAPLES, FL 34103			Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) GREGORY W. MARLER 999 VANDERBILT BEACH RD. City NAPLES FL Zip Code 34108		
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 			DATE 4/29/08		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLABAN, CAROLYN		NAME	BALLABAN CAROLYN	
STREET ADDRESS	5601 TURTLE BAY DRIVE, #402		STREET ADDRESS	5601 TURTLE BAY DRIVE #402	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYLING, VICTOR		NAME		
STREET ADDRESS	5601 TURTLE BAY DR 1404		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Y T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPNICK, STANLEY		NAME		
STREET ADDRESS	5601 TURTLE BAY DR 401		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNUTH, SUSAN		NAME	MARK CALABRESE	
STREET ADDRESS	5601 TURTLE BAY DR. #2201		STREET ADDRESS	5601 TURTLE BAY DR. 302	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTROS, AZMY		NAME		
STREET ADDRESS	5601 TURTLE BAY DR 1904		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, JOHN		NAME	LEONARD ORKIN	
STREET ADDRESS	5601 TURTLE BAY DR 604		STREET ADDRESS	5601 TURTLE BAY DR. 701	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 3/25/08		Daytime Phone #: 239-5131373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #