

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001801 (9)

1. Corporation Name

THE STRATFORD "O" CONDOMINIUM ASSOCIATION AT CEN
TURY VILLAGE, INC.

Principal Place of Business

Mailing Address

3700 GEORGIA AVE.
W PALM BEACH FL 33405

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W PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

4. FEI Number

59-1551108

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLOSKEY, WILLIAM
3700 GEORGIA AVE.
W PALM BEACH FL 33405

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MILLER, SEYMOUR	197 STRATFORD "O"	W PALM BEACH FL 33417
VD	MUSSO, JOSEPH	201 STRATFORD "O"	W PALM BEACH FL 33417
TD	WEINSHENKER, ROSALYN	195 STRATFORD "O"	W PALM BEACH FL 33417
SD	GREENSPAN, JEAN	207 STRATFORD "O"	W PALM BEACH FL 33417
D	PICCONE, JOHN	204 STRATFORD "O"	W PALM BEACH FL 33417

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY - ST - ZIP</td>	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY - ST - ZIP</td>	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY - ST - ZIP</td>	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY - ST - ZIP</td>	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY - ST - ZIP</td>	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Seymour Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95

401 G.W. P.O. Box