

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

APPROVED
AND
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95 MAY -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000001805 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

166 STRATFORD "L"
W PALM BEACH FL 33417

166 STRATFORD "L"
W PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1994

4. FEI Number

Applied For

Not Applicable

59-15315P

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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
Fee 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.

26 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARR, JULIUS
STREET ADDRESS 166 STRATFORD "L"
CITY - ST - ZIP W PALM BEACH FL 33417

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME STEINBERG, JOSEPH
STREET ADDRESS 163 STRATFORD "L"
CITY - ST - ZIP W PALM BEACH FL 33417

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3000001508959
-06/08/95--01105--001
1950.00 *130.00

☐ Change ☐ Addition

TITLE SD
NAME SHNEYER, PAUL
STREET ADDRESS 164 STRATFORD "L"
CITY - ST - ZIP W PALM BEACH FL 33417

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TD
NAME COHEN, HARRY
STREET ADDRESS 155 STRATFORD "L"
CITY - ST - ZIP W PALM BEACH FL 33417

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME GOLDSTEIN, IDA
STREET ADDRESS 156 STRATFORD "L"
CITY - ST - ZIP W PALM BEACH FL 33417

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

4/7/95

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 this 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: X

Julius P. Barr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIUS BARR

2/7/95

407-683 7716

Date

Telephone #