2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 am Secretary of State DOCUMENT # **N94000001805** 05-05-2002 90108 001 ***918.75 THE STRATFORD "L" CONDOMINIUM ASSOCIATION AT CEN TURY VILLAGE, INC. Principal Place of Business Mailing Address 166 STRATFORD "L" 166 STRATFORD "L" W PALM BEACH FL 33417 W PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ·City & State City & State 4. FEI Number Applied For 59-1551570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCCLOSKEY, WILLIAM 3700 GEORGIA AVE. W PALM BEACH FL 33405 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete TITLE ☐ Addition CR2E037 (9/01 NAME SHNEYER, PAUL NAME STREET ADDRESS 164 STRATFORD L STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ٧Ŋ TITLE ☐ Delete TITLE ☐ Addition ☐ Change FORD, ALFRED NAME STREET ADDRESS 165 STRATFORD L STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33417 TITLE ☐ Delete Change ☐ Addition NAME THOMAS, LENORE STREET ADDRESS 154 STRATFORD 'L' STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHNEYER, PEARL NAME STREET ADDRESS 164 STRATFORD L STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Delete DIRECTOR TITLE Addition NAME MAURICE THOMAS STREET ADDRESS STREET ADDRESS 4 P. BEACH, FL 33419 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GRAVES HAEYER)

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