

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000001807 (6)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

141 STRATFORD "K"  
W PALM BEACH FL 33417

141 STRATFORD "K"  
W PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/11/1994**

3a. Date of Last Report

4. FEI Number  
**59-155571**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PD                    |
| NAME            | SAPENOFF, HENRY       |
| STREET ADDRESS  | 141 STRATFORD "K"     |
| CITY - ST - ZIP | W PALM BEACH FL 33417 |
| TITLE           | VD                    |
| NAME            | NUSSBAUM, HENRY       |
| STREET ADDRESS  | 141 STRATFORD "K"     |
| CITY - ST - ZIP | W PALM BEACH FL 33417 |
| TITLE           | SD                    |
| NAME            | BISOM, FRANCIS        |
| STREET ADDRESS  | 144 STRATFORD "K"     |
| CITY - ST - ZIP | W PALM BEACH FL 33417 |
| TITLE           | TD                    |
| NAME            | ROSEN, SOPHIE         |
| STREET ADDRESS  | 146 STRATFORD "K"     |
| CITY - ST - ZIP | W PALM BEACH FL 33417 |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 11 TITLE           | PD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            | SAPENOFF, HENRY       |                                                                              |
| 13 STREET ADDRESS  | 141 STRATFORD "K"     |                                                                              |
| 14 CITY - ST - ZIP | W PALM BEACH FL 33417 |                                                                              |
| 21 TITLE           | VD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | ENGLANDER, HENRY      |                                                                              |
| 23 STREET ADDRESS  | 142 STRATFORD "K"     |                                                                              |
| 24 CITY - ST - ZIP | W PALM BEACH FL 33417 |                                                                              |
| 31 TITLE           | SD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            | BARDIN, RAYE          |                                                                              |
| 33 STREET ADDRESS  | 139 STRATFORD "K"     |                                                                              |
| 34 CITY - ST - ZIP | W PALM BEACH FL 33417 |                                                                              |
| 41 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                       |                                                                              |
| 43 STREET ADDRESS  |                       |                                                                              |
| 44 CITY - ST - ZIP |                       |                                                                              |
| 51 TITLE           |                       |                                                                              |
| 52 NAME            |                       |                                                                              |
| 53 STREET ADDRESS  |                       |                                                                              |
| 54 CITY - ST - ZIP |                       |                                                                              |
| 61 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                       |                                                                              |
| 63 STREET ADDRESS  |                       |                                                                              |
| 64 CITY - ST - ZIP |                       |                                                                              |

800001508352  
-06/08/95--0403-064  
\*\*\*1950.00 \*\*\*\*130.00

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 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Henry Sapenoff*

HENRY SAPENOFF

2/7/95

407-686-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #