

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001807 (6)**

1. Corporation Name

THE STRATFORD "K" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business	Mailing Address
141 STRATFORD "K" W PALM BEACH FL 33417	141 STRATFORD "K" W PALM BEACH FL 33417

3. Date Incorporated or Qualified	04/11/1994
4. FEI Number	59-1551571
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. Is this nonprofit corporation a homeowners association?	☒ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 139 STRATFORD K 23 City & State W. Palm Beach, FL. 24 Zip 33417	26 Suite, Apt. #, etc. 27 139 STRATFORD K 28 City & State W. Palm Beach, FL. 29 Zip 33417

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SILVERSTEIN, LILLIAN 139 STRATFORD K W PALM BEACH FL	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SAPENOKK, HENRY 141 STRATFORD K W PALM BCH FL	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BARDIN, RAYE D139 STRATFORD 'K' W PALM BCH FL	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	SD SAPENOFF, ELINOR
STREET ADDRESS		3.3 STREET ADDRESS	141 STRATFORD K
CITY-ST-ZIP		3.4 CITY-ST-ZIP	W. Palm Beach, FL.
TITLE	TD ENGLANDER, HENRY 142 STRATFORD 'K' W PALM BCH FL	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	TD BARDIN, RAYE
STREET ADDRESS		4.3 STREET ADDRESS	139 STRATFORD K
CITY-ST-ZIP		4.4 CITY-ST-ZIP	W. Palm BCH. FL.
TITLE		5.1 TITLE	30000248946
NAME		5.2 NAME	-04/15/98--01042--026
STREET ADDRESS		5.3 STREET ADDRESS	***918.75
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E037 (10/97)