

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90105 001 ***918.75

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DOCUMENT # N94000001807

1. Entity Name

THE STRATFORD "K" CONDOMINIUM ASSOCIATION AT CEN

Principal Place of Business

**146 STRATFORD K
W PALM BEACH FL 33417**

Mailing Address

**146 STRATFORD K
W PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1551571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SILVER, HOWARD**
STREET ADDRESS **146 STRATFORD K**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **BD** ☐ Change ☒ Addition
NAME **Deedre Dreiss**
STREET ADDRESS **139 Stratford K**
CITY-ST-ZIP **West Palm Beach FL, 33417**

TITLE **VP** ☐ Delete
NAME **MALKA, GLORIA**
STREET ADDRESS **144 STRATFORD K**
CITY-ST-ZIP **W PALM BCH FL**

TITLE **BD** ☐ Change ☒ Addition
NAME **Catherine Silver**
STREET ADDRESS **146 Stratford K**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **TD** ☐ Delete
NAME **SMUL, GERALD**
STREET ADDRESS **143 STRATFORD K**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GLIESMAN, BELLA**
STREET ADDRESS **150 STRATFORD K**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BD** ☐ Delete
NAME **MARTIN, ELLEN**
STREET ADDRESS **141 STRATFORD K**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BD** ☐ Delete
NAME **Deedre Dreiss**
STREET ADDRESS **139 Stratford K**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED **HOWARD SILVER** **2/1/2001** **561 683-1971**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)