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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N94000001816 (7)

1. Corporation Name

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

Principal Place of Business	Mailing Address
67 STRATFORD "E" W PALM BEACH FL 33417	67 STRATFORD "E" 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: 59-1550791 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 62 STRATFORD E	Suite, Apt. #, etc.: 27 62 STRATFORD E
City & State: 23 W PALM BEACH FL	City & State: 28 W PALM BEACH FL
Zip: 24 33417 Country: 25	Zip: 29 33417 Country: 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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	FREIBERT, PAUL	12 NAME	OLIVER, MARIE
STREET ADDRESS	67 STRATFORD "E"	13 STREET ADDRESS	62 STRATFORD E
CITY-ST-ZIP	W PALM BEACH FL 33417	14 CITY-ST-ZIP	W PALM BEACH FL 33417
TITLE	VD	21 TITLE	V.D ☒ Change ☐ Addition
NAME	OLIVER, MARIE	22 NAME	NAHORNEY, PHYLLIS
STREET ADDRESS	62 STRATFORD "E"	23 STREET ADDRESS	57 STRATFORD E
CITY-ST-ZIP	W PALM BEACH FL 33417	24 CITY-ST-ZIP	W PALM BEACH FL 33417
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HLOBILEK, VIVIAN	32 NAME	
STREET ADDRESS	57 STRATFORD "E"	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33417	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	200001 ☐ Change ☐ Addition
NAME	BRANDLER, SYLVIA	42 NAME	-06/08/95--01105--001
STREET ADDRESS	60 STRATFORD "E"	43 STREET ADDRESS	****1950.00 ****130.00
CITY-ST-ZIP	W PALM BEACH FL 33417	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	DP 6/7 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Marie Oliver Pres. 1/18/95 (407) 471-5516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIE OLIVER

00114B6