FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

CALL PARTY

N94000001816 (7)

THE STRATFORD "E" CONDOMINIUM ASSOCIATION AT CEN

TURY VILLAGE, INC. Principal Place of Business Mailing Address 62 STRATFORD 'E' 62 STRATFORD "E" 3. Date Incorporated or Qualified W PALM BEACH FL 33417 W PALM BEACH FL 33417 04/11/1994 4. FEI Number Applied For Not Applicable 59-1550731 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCLOSKEY, WILLIAM 82 Street Address (P.O. Box Number is Not Acceptable) 3700 GEORGIA AVE. 83 W PALM BEACH FL 33405 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ Change Addition TITLE PD 1.1 TITLE NAME OLIVER, MARIE 1.2 NAME **62 STRATFORD E** STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL 33417 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 21 T/T/F **FAIRLESS, MARION** NAME 2.2 NAME STREET ADDRESS **65 STRATFORD E** 2.3 STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME HLOBILEK, VIVIAN 3.2 NAME STREET ADDRESS 57 STRATFORD "E" 3.3 STREET ADDRESS W PALM BEACH FL 33417 CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE **BRANDLER, SYLVIA** NAME 4. 2 NAME 60 STRATFORD "E" STREET ADDRESS 4.3 STREET ADDRESS W PALM BEACH FL 33417 CITY-ST-ZIP 4.4 CITY-ST-7IP DELETÉ 5.1 TITLE 900002489459 Addition TITLE -04/15/98--01042--026 NAME 5.2 NAME STREET ADDRESS ***918.75 **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY - ST-ZIP

Vin out Calletter 1

1/2/08 1171501

FILED

Apr 14 1998 8:00am

Secretary of State