

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90005 016 ****61.25

DOCUMENT # N9400 000 1816

1. Corporation Name

STRATFORD E CONDOMINIUM

572486-90015-40

Principal Place of Business

Mailing Address

62 STRATFORD E
WEST PALM BEACH, FL. 33417-1610

ORB 8226 19 229
FILED APRIL 11, 1994

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		MARCH 21, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1550731	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

MARIE OLIVER
62 STRATFORD E
W.P.B. FL. 33417-1610

10. Name and Address of New Registered Agent

81 Name WILLIAM L. McCLOSKEY
82 Street Address (P.O. Box Number is Not Acceptable) C/O SAC RES SERVICES INC
83 3700 GEORGIA AVE
84 City WEST PALM BEACH FL FL 85 Zip Code 33405

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.

WILLIAM L. McCLOSKEY
(NOTE: Registered Agent signature required when reinstating)

DATE 6/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE OLIVER	1.2 NAME	
STREET ADDRESS	62 STRATFORD E	1.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL. 33417-1610	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANNE FAIRLESS	2.2 NAME	
STREET ADDRESS	62 STRATFORD E	2.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL. 33417-1610	2.4 CITY-ST-ZIP	
TITLE	SECRETARY/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN HROBILER	3.2 NAME	
STREET ADDRESS	57 STRATFORD E	3.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL. 33417-1610	3.4 CITY-ST-ZIP	
TITLE	TREASURER/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA BRANDLER	4.2 NAME	
STREET ADDRESS	60 STRATFORD E	4.3 STREET ADDRESS	
CITY-ST-ZIP	W.P.B. FL. 33417-1610	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

MARIE OLIVER - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIE OLIVER

May 11, 1999
Date
61-471-5516
Deputy Secretary

CR2E037 (1/98)