

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001816

1. Entity Name

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

Principal Place of Business

62 STRATFORD "E"
WEST PALM BEACH FL 33417-1610

Mailing Address

62 STRATFORD "E"
WEST PALM BEACH FL 33417-1610

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1550731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, WILLIAM
C/O SEACREST INC
3700 GEORGIA AVE.
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

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

TITLE PD
NAME OLIVER, MARIE ☐ Delete
STREET ADDRESS 62 STRATFORD E
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE VD
NAME SCHERLING, ROSE ☐ Delete
STREET ADDRESS 58 STRATFORD E
CITY-ST-ZIP W PALM BEACH FL

TITLE S
NAME KING, ARTHUR ☐ Delete
STREET ADDRESS 70 STRATFORD E
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE TD
NAME BRANDLER, SYLVIA ☐ Delete
STREET ADDRESS 60 STRATFORD "E"
CITY-ST-ZIP W PALM BEACH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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:

MCCLOSKEY, WILLIAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE J OLIVER
PRES.

1/15/02

561-
471-5516

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90108 001 ***918.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)