

DOCUMENT # P96000061428

1. Entity Name
STRATFORD VILLAGE APARTMENTS, INC.

Principal Place of Business Mailing Address
25350 U.S. HIGHWAY 19 NORTH 25350 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34623 CLEARWATER FL 34623

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0699927 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRNBAUM, MARC
20801 BISCAYNE BOULEVARD
SUITE 400
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name Address Change Only
Street Address (P.O. Box Number is Not Acceptable)
1031 IVE DAIRY ROAD #228
City MIAMI FL Zip Code 33179

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HERZBERG, SAM	25350 U.S. HIGHWAY 19 NORTH	CLEARWATER FL 34623	<input type="checkbox"/>
VS	BURSTYN, ESTHER	2 BISCAYNE BLVD STE 2600	MIAMI BEACH FL 33140	<input type="checkbox"/>
D	GREENBERG, FRANK	2 BISCAYNE BLVD STE 2600	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

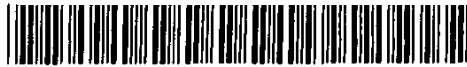
SIGNATURE: Sam Herzberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2001
Date

727-796-8958
Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90022 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)