

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000061428

1. Entity Name
STRATFORD VILLAGE APARTMENTS, INC.



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

Mailing Address
25350 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 34623



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
1031 IVE DAIRY RD #228
MIAMI, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

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 \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000127333
04/23/04-60070-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HERZBERG, SAM
STREET ADDRESS 25350 U.S. HIGHWAY 19 NORTH
CITY - ST - ZIP CLEARWATER, FL 34623

TITLE VS
NAME BURSTYN, ESTHER
STREET ADDRESS 2 BISCAYNE BLVD STE 2600
CITY - ST - ZIP MIAMI BEACH, FL 33140

TITLE D
NAME GREENBERG, FRANK
STREET ADDRESS 2 BISCAYNE BLVD STE 2600
CITY - ST - ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4-23-2004
Date

727-766 1458
Daytime Phone #