

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757958

Entity Name: THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC

FILED
Feb 28, 2022
Secretary of State
4514581420CC

Current Principal Place of Business:

5601 TURTLE BAY DR.
MAIN OFFICE
NAPLES, FL 34108-2746

Current Mailing Address:

5601 TURTLE BAY DR.
MAIN OFFICE
NAPLES, FL 34108-2746

FEI Number: 59-2300102

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRICE, BARRY
1004 COLLIER CENTER WAY
SUITE 201
NAPLES, FL 34110 US

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: BARRY TRICE

02/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name CONNORS, RON
Address 5601 TURTLE BAY DR. #901
City-State-Zip: NAPLES FL 34108

Title VP, DIRECTOR
Name SHEEHY, ED
Address 5601 TURTLE BAY DR. #1501
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name JELIFFE, JOHN
Address 5601 TURTLE BAY DR. #404
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name BENAVIDES, JOHN
Address 5601 TURTLE BAY DR. #803
City-State-Zip: NAPLES FL 34108

Title SECRETARY, DIRECTOR
Name PLAGER, ELAINE
Address 5601 TURTLE BAY DR. #1503
City-State-Zip: NAPLES FL 34108

Title PRESIDENT, DIRECTOR
Name KELLY, TOM
Address 5601 TURTLE BAY DR. #2104
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name SAYEAU, MICHAEL
Address 5601 TURTLE BAY DR. #1701
City-State-Zip: NAPLES FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM KELLY

PRESIDENT

02/28/2022

Electronic Signature of Signing Officer/Director Detail

Date