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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001801

1. Corporation Name
THE STRATFORD "O" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.

Principal Place of Business 3700 GEORGIA AVE. W PALM BEACH FL 33405	Mailing Address 3700 GEORGIA AVE. W PALM BEACH FL 33405
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/11/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1551108
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCLOSKEY, WILLIAM 3700 GEORGIA AVE. W PALM BEACH FL 33405				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, SEYMOUR		1.2 NAME	JOSEPH MUSSO			
STREET ADDRESS	197 STRATFORD "O"		1.3 STREET ADDRESS	201 STRATFORD			
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	W. PALM BEACH, FL			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MUSSO, JOSEPH		2.2 NAME	SEYMOUR MILLER			
STREET ADDRESS	201 STRATFORD "O"		2.3 STREET ADDRESS	197 STRATFORD			
CITY-ST-ZIP	W PALM BEACH FL		2.4 CITY-ST-ZIP	W. PALM BEACH, FL			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEINSHENKER, ROSALYN		3.2 NAME				
STREET ADDRESS	195 STRATFORD "O"		3.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BEACH FL 33417		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	LEE SHUMAN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PICONE, JOHN		4.2 NAME	200 STRATFORD O			
STREET ADDRESS	204 STRATFORD "O"		4.3 STREET ADDRESS	W. PALM BEACH, FL 33417			
CITY-ST-ZIP	W PALM BEACH FL 33417		4.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LERMAN, MIRIAM		5.2 NAME				
STREET ADDRESS	199 STRATFORD O		5.3 STREET ADDRESS				
CITY-ST-ZIP	WPB FL		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: *Joseph Musso* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 2/21/99 Daytime Phone # _____

CR2E037 (1/98)