

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90105 001 ***918.75

DOCUMENT # N94000001801

1. Entity Name

THE STRATFORD "O" CONDOMINIUM ASSOCIATION AT CEN

Principal Place of Business

3700 GEORGIA AVE.
 W PALM BEACH FL 33405

Mailing Address

3700 GEORGIA AVE.
 W PALM BEACH FL 33405

00111



DO NOT WRITE IN THIS SPACE

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

59-1551108

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, WILLIAM
3700 GEORGIA AVE.
W 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	P	<input type="checkbox"/> Delete
NAME	MUSO, JOSEPH	
STREET ADDRESS	201 STRATFORD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIILE, SEYMOUR	
STREET ADDRESS	197 STRATFORD O	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEINSHENKER, ROSALYN	
STREET ADDRESS	195 STRATFORD "O"	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMAN, LEE	
STREET ADDRESS	200 STRATFORD O	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LERMAN, MIRIAM	
STREET ADDRESS	199 STRATFORD O	
CITY-ST-ZIP	WPB FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LVA HECK	
STREET ADDRESS	STRATFORD O	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph Musso Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

Daytime Phone #

CR2E037 (10/00)