

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90294 001 ***857.50

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1. Entity Name

**THE STRATFORD 'O' CONDOMINIUM ASSOCIATION AT CEN
TURY VILLAGE, INC.**



Principal Place of Business

3700 GEORGIA AVE.
W PALM BEACH FL 33405

Mailing Address

3700 GEORGIA AVE.
W PALM BEACH FL 33405

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 **59-1551108**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCGLOSKEY, WILLIAM~~
~~3700 GEORGIA AVE.~~
~~W, PALM BEACH FL 33405~~

Name Dorothy Kefauver
Street Address (P.O. Box Number is Not Acceptable) C/O Seacrest Services
2400 Centre Park West Dr #175
City W. Palm Beach **FL** Zip Code 33409

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)

3/25/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MUSSO, JOSEPH	
STREET ADDRESS	201 STATFORD O	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLE, 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 type="checkbox"/> Delete
NAME	HECK, IDA	
STREET ADDRESS	STRATFORD	
CITY-ST-ZIP	WPB FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSPAN, BENE	
STREET ADDRESS	209 STRATFORD O.	
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		<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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 ⁵⁶¹
Date 687-0825
Daytime Phone #

CR2E037 (10/02)

0035689