

**AMENDMENT TO THE DECLARATION OF
CONDOMINIUM OF
Stratford N CONDOMINIUM**

**As Recorded in Official Records,
Palm Beach County, Florida**

Book _____, Page _____

As used herein (unless substantially reworded) the following shall apply:

A. Words in the text which are ~~lined through~~ with hyphens indicate deletions from the present text.

B. Words in the text which are underlined indicate additions to the present text.

C. Whenever an ellipsis (...) appears in the text, this indicates that this portion of the present text remains intact to the point where the next typewritten material appears.

Article XIII of the Declaration "Use and Occupancy" is amended as follows:

No animals or pets of any kind shall be kept in any unit, or on any property of the Condominium except specially trained dogs for handicapped unit owners who are hearing or sight impaired. ~~with the written consent and subject to the Rules and Regulations adopted for the keeping of said pets, by the Board of Directors;~~ provided that they are not kept, bred or maintained for any commercial purposes, and further provided that such house pets causing or creating a nuisance or unreasonable disturbance, shall be permanently removed from the property subject to these restrictions, upon three (3) days written notice from the Board of Directors of the Association.

We hereby certify that this amendment was approved by in excess of 51 % vote of the Membership or 70 % of those present in person or represented by proxy (a quorum being present) at a duly called meeting on January 25, 2008.

Stratford N Condominium Association, Inc.

By: Gary E. Swenson, President

GARY E. SWENSON

Attest: Karen S. Turcotte Secretary Vice President
Karen S. Turcotte

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 14th day of August, 2008, by Gary Elmer Swenson, President, and _____ Secretary. Both are personally known to me and [] did or [] did not take an oath. The President (please check one of the following) [] is personally known to me or [] has produced MN Drivers License (type of identification) as identification and (please check one of the following) [] did or did not take an oath; the Secretary (please check one of the following) [] is personally known to me or [] has produced _____ (type of identification) as identification and (please check one of the following) [] did or [] did not take an oath.

Lillian C. Chelberg, Notary Public

LuAnn C. Chelberg, Printed Notary Name

My Commission Expires: 10/30/11

I witnessed and
notarize the signature
of Gary Elmer Swenson
only in the State of
Wisconsin, Polk County.

Lulu C. Chelberg 8/14/08

Handwritten signature: *Klaus Finkbe*

