

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90325 021 ****61.25

DOCUMENT # N94000001811

1. Entity Name

THE STRATFORD "A" CONDOMINIUM ASSOCIATION AT
CENTURY VILLAGE, INC.



Principal Place of Business

2400 CENTRE PARK W. DR
175
WEST PALM BEACH FL 33409

Mailing Address

2400 CENTRE PARK W. DR
175
WEST PALM BEACH FL 33409

24040100



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1550726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KEFAUVER, DOROTHY~~
~~G/O SEACREST SERVICES~~
~~2400 CENTRE PARK W. DR., STE 175~~
~~W PALM BEACH FL 33405~~

Name Frank Neglia
Street Address (P.O. Box Number is Not Acceptable)
9 Stratford A

City W. P.B FL Zip Code 33417

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

Frank Neglia

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 12, 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEGLIA, FRANK	
STREET ADDRESS	9 STRATFORD A	
CITY - ST - ZIP	W PALM BEACH FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHONBRUN, BELLE	
STREET ADDRESS	6 STRATFORD A	
CITY - ST - ZIP	W PALM BEACH FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ETHEL, BOB	
STREET ADDRESS	8 STRATFORD A	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALEY, JOSEPH	
STREET ADDRESS	5 STRATFORD A	
CITY - ST - ZIP	W PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEGLIA, FRANK	
STREET ADDRESS	4 STRATFORD A	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB, ETHEL K	
STREET ADDRESS	8 STRATFORD A	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEGLIA, MARYANN	
STREET ADDRESS	1 STRATFORD A	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
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:

Frank Neglia FRANK NEGLIA

Date

Daytime Phone #

Feb. 12, 2004