2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400001810

Country

6. Name and Address of Current Registered Agent

1. Entity Name

THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CEN TURY VILLAGE, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

34 STRATFORD C W PALM BEACH FL 33417

Suite, Apt. #, etc.

City & State

Zip

34 STRATFORD C

W PALM BEACH FL 33417

Suite, Apt. #, etc.

City & State

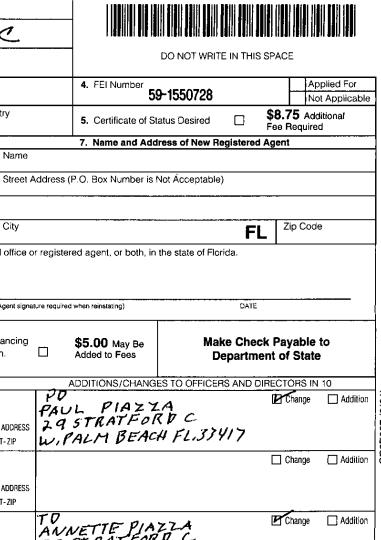
Zip

3. Mailing Address 29-STRATION

Country

FILED May 05, 2002 8:00 am Secretary of State

05-05-2002 90108 001 ***918.75



3700 GEORGIA AVE.							
W PALM BEACH FL 33417		City		Fi	Zip Code	е	
entity submits this statement for the pr	urpose of changing its reg	stered office or re	egistered agent, or both, in the	<u> </u>	<u> </u>		
typed or printed name of registered agent and title if	applicable. (NOTE: Reg	gistered Agent signature	required when reinstating)	DATE			
FILE NOW! FEE IS \$61.25		The transfer of the transfer o					
OFFICERS AND DIRECTO	RS	11.		TO OFFICERS AND DIRE	CTORS IN	10	
NATFORD "C"	Delete	NAME #	PAUL PIAZZA	b C	Change	☐ Addition	
OORA, JANI VATFORD C	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition	
NATFORD "C"	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NNETTE PLAZ 1957 RATFORD 1. PALM BEAC	72 H FL: 33417	Change	☐ Addition	
MICHAEL PATFORD "C"	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Addition	
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·]	_ Change	Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
	VE. FL 33417 entity submits this statement for the putyped or printed name of registered agent and title if OW: FEE IS \$61.25 OFFICERS AND DIRECTOR RUTH RATFORD "C" M BEACH FL 33417 DORA, JANI RATFORD C M BEACH FL 33417 LOUIS RATFORD "C" M BEACH FL 33417 MICHAEL RATFORD "C" PALM BEACH FL 33417	PEL 33417 entity submits this statement for the purpose of changing its registered agent and title if applicable. (NOTE: Registered agent and ti	City Pentity submits this statement for the purpose of changing its registered office or respectively. Property of printed name of registered agent and title if applicable. OW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. PATFORD "C" M BEACH FL 33417 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LOUIS NAME STREET ADDRESS CITY-ST-ZIP MICHAEL AATFORD "C" M BEACH FL 33417 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	The state of the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) OW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES FUTH NAME SIRECT ADDRESS CITY-ST-ZIP ORA, JANI NAME STREET ADDRESS CITY-ST-ZIP MEDACH FL 33417 Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP MICHAEL NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	City FL analys submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. City FL	City FL Zip Code antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. City FL Zip Code	

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: