2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N9400001810 1. Entity Name THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.						05-02-2005 90460 009 ****61.25						
29 STRATFORD C 29			29 S	ailing Address 9 STRATFORD C 7 PALM BEACH, FL 33417								
Principal Place of Business 3.			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				-	03302005	Chg-NP	CR2E03	7 (10/03)		
City & State			City & State					4. FEI Numbe 59-1550		188.0		plied For t Applicable
Zip	Zip Country		Zip	Zip Cor		untry		5. Certificate of Status Desired \$8.75 Additing Fee Required				
	6. Name and	Address of Current	t Registere	d Agent	•			7. Name and	Address of New	Registered A	gent	
STRATFO	RD OF CENTU	JRY INC				Name Street Ad	ddress (f	P.O. Box Numbe	r is Not Acceptal	ble)		
	BEACH, FL 33	417							· · · · · · · · · · · · · · · · · · ·		· • • • • • • • • • • • • • • • • • • •	
,				City						FL	Zip Cod	
	named entity sub- tions of registered a	mits this statement for agent.	for the purp	ose of changing it	s register	ed office or	register	ed agent, or both	n, in the State of I	Florida. I am f	amiliar with,	and accept
SIGNATURE												
	Signature, typed or printe	ed name of registered agen	nt and little if app	olicable. (NO	TE: Registere	ed Agent signatu	ure required	when reinstating)		DATE		
3	Filing Fee is Due by May 1	\$ 61.25	nt and little if app	9. Election Ca Trust Fund	mpaign F	inancing	ure required	\$5.00 May Be Added to Fees		Make check		
10.	Filing Fee is Due by May 1	\$ 61.25		9. Election Ca Trust Fund	mpaign F	inancing tion.		\$5.00 May Be	Flo	Make check orida Depart	ment of St	ate
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12. I hereby certify that the information supplied with this filling 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 attact them an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

718 913 0334

Daytime Phone #