



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90460 009 ****61.25

DOCUMENT # N94000001810					
1. Entity Name THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.					
Principal Place of Business 29 STRATFORD C W PALM BEACH, FL 33417			Mailing Address 29 STRATFORD C W PALM BEACH, FL 33417		
2. Principal Place of Business		3. Mailing Address		 03302005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1550728				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRATFORD OF CENTURY INC 164 STRATFORD L W PALM BEACH, FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME PIAZZA, ANNETTE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 29 STRATFORD C	W PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME THEODORA, JANI	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME PEARL HAHN	
STREET ADDRESS 29 STRATFORD C	W PALM BEACH, FL 33417		STREET ADDRESS 34 STRATFORD C	W. PALM BEACH, FL 33417	
TITLE TD	NAME COOPER ROSEN, GLADYS	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME EUGENE LANJA	
STREET ADDRESS 40 STRATFORD C	W PALM BEACH, FL 33417		STREET ADDRESS STRATFORD C	W. PALM BEACH, FL 33417	
TITLE VPD	NAME KOHLER, GEDALIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 42 STRATFORD C	WEST PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	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: <i>Gedalia Kohler</i>			GEDALIA KOHLER 7/14		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>			718 913 0334		