

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001810

**FILED  
Jun 05, 2015  
Secretary of State  
CC5263608889**

**Entity Name:** THE STRATFORD "C" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.

**Current Principal Place of Business:**

42 STRATFORD C  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

STRATFORD C C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR STE 175  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-1550728**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOHLER, GEDALIA  
42 STRATFORD C  
WEST PALM BEACH, FL 33417 US

*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.*

**SIGNATURE: GEDALIA KOHLER**

**06/05/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FOX, MORRIS  
Address 35 STRATFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT  
Name KOHLER, GEDALIA  
Address 42 STRATFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title S  
Name KOHLER, GLADYS  
Address 2901 AVE R  
City-State-Zip: BROOKLYN NY 11210

Title D  
Name SINGER, MENDEL  
Address 32 STRATFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER  
Name LIBERMAN, BELLA  
Address 37 STRATFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name KLAPPER, ARNIE  
Address 29 STRATFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KOHLER , GEDALIA**

**PRESIDENT**

**06/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date