2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90018 041 ****61.25

DOCUMENT # N94000001801

1. Entity Name
THE STRATFORD "O" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.

Principal Place of Business	Mailing Address
3700 GEORGIA AVE. W PALM BEACH, FL 33405	3700 GEORGIA AVE. W PALM BEACH, FL 33405

01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2400 CENTREPARK W. DR	2400 CENTREPARK W. DR.
Suite, Apt. #, etc.: 175	Suite, Apt. #, etc.: 175
City & State: WEST PALM BEACH	City & State: WEST PALM BEACH
Zip: 33409 Country: PALM BEACH	Zip: 33409 Country: PALM BEACH

4. FEI Number: 59-1551108 ☐ Applied For ☐ Not Applicable

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
STRATFORD OF CENTURY INC. 164 STRATFORD L. WEST PALM BEACH, FL 33417	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EARLY, TERRI		NAME		
STREET ADDRESS	199A STRATFORD O		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GREENSPAN, GENE		NAME		
STREET ADDRESS	208 STRATFORD O		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUNT, SHARON		NAME		
STREET ADDRESS	197 STRATFORD O		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARENA, JOHN		NAME		
STREET ADDRESS	195 STRATFORD O		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TURKEL, LINDA		NAME		
STREET ADDRESS	206 STRATFORD O		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pearl Shweyer PRES STRATFORD O of CENT 4/24/08 561-687-2048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #