

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001804

FILED
Apr 06, 2011
Secretary of State

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

Current Principal Place of Business:

168 STRATFORD M
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

STRATFORD M C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-1551106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELLA, TOM
175 STRATFORD M
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: ROSENWASSER, FRIEDA
Address: 170 STRATFORD M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: P
Name: FIRPO, JEAN
Address: 168 STRATFORD M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP
Name: BRIGANTE, FLORENCE
Address: 172 STRATFORD M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T
Name: MARCELLA, TOM
Address: 175 STRATFORD M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S
Name: LEVIN, SHIRLEY
Address: 167 STRATFORD M
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: JANKEWITZ, NAN
Address: 176 STRATFORD M
City-St-Zip: WEST PALM BEACH, FL 33417 US

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: GALE CORONA

MGRM

04/06/2011

Electronic Signature of Signing Officer or Director

_____ Date