


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-02-2005 90462 001 ****61.25

DOCUMENT # N94000001805					
1. Entity Name THE STRATFORD "L" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.					
Principal Place of Business 164 STRATFORD L W PALM BEACH FL 33417			Mailing Address 164 STRATFORD L W PALM BEACH FL 33417		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1551570	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STRATFORD OF CENTURY, INC. 164 STRATFORD L WEST PALM BEACH FL 33417				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	SHNEYER, PAUL				
STREET ADDRESS	164 STRATFORD L				
CITY-ST-ZIP	W PALM BEACH FL				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	FORD, ALFRED				
STREET ADDRESS	165 STRATFORD L				
CITY-ST-ZIP	W PALM BEACH FL 33417				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	THOMAS, LENORE				
STREET ADDRESS	154 STRATFORD 'L'				
CITY-ST-ZIP	W PALM BEACH FL				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	SHNEYER, PEARL				
STREET ADDRESS	164 STRATFORD L				
CITY-ST-ZIP	W PALM BEACH FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	WIESE, GERRI				
STREET ADDRESS	160 STRATFORD L				
CITY-ST-ZIP	WEST PALM BEACH FL 33417				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROSALIND OSNER				
STREET ADDRESS	155 STRATFORD L				
CITY-ST-ZIP	W PALM BEACH, FL 33417				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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: <u>Paul Shneyer / PAUL SHNEYER</u> 2/5/05 561-687-2048					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E037 (10/04)