2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2006 8:00 am Secretary of State DOCUMENT # N94000001805 1. Entity Name 04-25-2006 90109 027 ****61.25 THE STRATFORD "L" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC. Principal Place of Business Mailing Address 164 STRATFORD L 164 STRATFORD L W PALM BEACH FL 33417 W PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1551570 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRATFORD OF CENTURY, INC. Street Address (P.O. Box Number is Not Acceptable) 164 STRATFORD L WEST PALM BEACH FL 33417 City 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 J. J. J. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition SHNEYER, PAUL NAME NAME 164 STRATFORD L STREET ADDRESS STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP VD TITLE □ Delete ☐ Change ☐ Addition TITLE FORD, ALFRED NAME NAME 165 STRATFORD L STREET ADORESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33417 CITY-ST-ZIP TITLE ☐ Change ___ Addition POSNER, ROSALIN NAME NAME STREET ADDRESS 155 STRATFORD L. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SHNEYER, PEARL STREET ADDRESS 164 STRATFORD L STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WIESE, GERRI NAME NAME 160 STRATFORD L STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE

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4/18/06

FILED

561-687-2048