2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90038 045 ****61.25 DOCUMENT # N9400001805 THE STRATFORD "L" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC. AUDDOOO Principal Place of Business Mailing Address 164 STRATFORD L 164 STRATFORD L W PALM BEACH, FL 33417 W PALM BEACH, FL 33417 3. Mailing Address 2. Principal Place of Business - No.P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number City & State 59-1551570 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRATFORD OF CENTURY, INC. Street Address (P.O. Box Number is Not Acceptable) 164 STRATFORD L WEST PALM BEACH, FL 33417 Zip Code Fl 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SHNEYER PEARL 164 STRATFORD L TITLE P) ☐ Addition PD Delete Delete THE SHNEYER, PAUL NAME NAME STREET ADORESS STREET ADDRESS 164 STRATFORD L W. PALM BEACH FL W PALM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP V) JACK POSNER VĎ ☐ Change ☐ Addition TITLE Delete TITLE FORD, ALFRED NAME NAME 155 STRATIFORD L STREET ADDRESS 165 STRATFORD L STREET ADDRESS W PALM BEACH, FL 33417 CITY-ST-ZIP W. PALM BEACK CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE POSNER, ROSALIN. NAME NAME STREET ADORESS STREET ADDRESS 155 STRATFORD L. WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-ZIP PAUL SHNEYE ☐ Change ☐ Addition) Delete TITLE TITLE SHNEYER, PEARL NAME NAME 164 STRA STREET ADDRESS 164 STRATFORD L STREET ADDRESS W PALM BEACH, FL CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WIESE, GERRI NAME NAME STREET ADDRESS 160 STRATFORD L STREET ADDRESS WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

FILED

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.

CITY-ST-ZIP

STREET ADDRESS City-St-7IP

Shueyye Signing OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF