

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90084 033 \*\*\*\*61.25

<b>DOCUMENT # N94000001806</b>					
<b>1. Entity Name</b> THE STRATFORD "N" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.					
<b>Principal Place of Business</b> 188 STRATFORD N W PALM BEACH, FL 33417			<b>Mailing Address</b> 188 STRATFORD N W PALM BEACH, FL 33417		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1551107	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STRATFORD OF CENTURY INC 164 STRATFORD L WEST PALM BEACH, FL 33417			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PRES <b>NAME</b> MAILLE, RICHARD <b>STREET ADDRESS</b> 192 STRATFORD N <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> SWENSON, GARY <b>STREET ADDRESS</b> 190 STRATFORD N <b>CITY-ST-ZIP</b> WPB FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> DOCTOR, ABBY <b>STREET ADDRESS</b> 182 STRATFORD 'N' <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<b>TITLE</b> SEC <b>NAME</b> HOEHLI, NORA <b>STREET ADDRESS</b> 188 STRATFORD N <b>CITY-ST-ZIP</b> WPB FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> JAGODA, IRIS <b>STREET ADDRESS</b> 181 STRATFORD 'N' <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GARDNER, FRED <b>STREET ADDRESS</b> 189 STRATFORD 'N' <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			361-		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/22/2007 Daytime Phone #: 686-7179		