# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 09, 2008 8:00 am**
**Secretary of State**
04-09-2008 90038 042 ****61.25

DOCUMENT # N94000001806

1. Entity Name

THE STRATFORD "N" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 188 STRATFORD N<br>W PALM BEACH FL 33417 | 188 STRATFORD N<br>W PALM BEACH FL 33417 |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 184 Stratford N | 184 Stratford N |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: West Palm Beach, FL | City & State: West Palm Beach, FL |
| Zip: 33417 Country: USA | Zip: 33417 Country: USA |

4. FEI Number: 59-1551107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DOCTOR, ABBY<br>182 STRATFORD 'N'<br>W EST PALM BEACH FL 33417 | ☐ Delete | PD<br>Karen Turcotte<br>184 Stratford N<br>West Palm Beach, FL 33417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JAGODA, IRIS<br>181 STRATFORD 'N'<br>WEST PALM BEACH FL 33417 | ☐ Delete | S<br>Doctor, Abby<br>182 Stratford N<br>West Palm Beach, FL 33417 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SWENSON, GARY<br>190 STRATFORD N<br>WEST PALM BEACH FL 33417 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HOCHLIN, NORA<br>188 STRATFORD N<br>WEST PALM BEACH FL 33417 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Gary E. Swenson President 02/28/08 561-329-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR