2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001806

FILED Mar 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

184 STRATFORD N 184 STRATFORD N

W PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 US

Current Mailing Address: New Mailing Address:

184 STRATFORD N SEACREST SERVICES INC
W PALM BEACH, FL 33417 2400 CENTREPARK W DR #175

WEST PALM BEACH, FL 33417 US

FEI Number: 59-1551107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRATFORD OF CENTURY INC TURCOTTE, KAREN 164 STRATFORD L 184 STRATFORD N

WEST PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33417 US

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.

SIGNATURE: KAREN TURCOTTE 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

 Name:
 DOCTOR, ABBY
 Name:
 SWENSON, GARY E

 Address:
 182 STRATFORD 'N'
 Address:
 190 STRATFORD N

City-St-Zip: W EST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S () Delete Title: VP (X) Change () Addition

 Name:
 DOCTOR, ABBY
 Name:
 TURCOTTE, KAREN

 Address:
 182 STRATFORD N
 Address:
 184 STRATFORD N

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: P () Delete Title: T (X) Change () Addition

 Name:
 SWENSON, GARY
 Name:
 JAGODA, IRIS

 Address:
 190 STRATFORD N
 Address:
 181 STRATFORD N

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

 $\label{eq:title:pd} \mbox{Title:} \qquad \mbox{PD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{(X) Change () Addition}$

Name: TURCOTTE, KAREN Name: DOCTOR, ABBY

Address: 184 STRATFORD N Address: 182 STRATFORD N City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

OKY-31-ZIP. WEST FALM BEACH, TE 33417 OS

Title: () Delete Title: D () Change (X) Addition

Name:Name:MAILLE, RICHARDAddress:Address:192 STRATFORD N

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D () Change (X) Addition

 Name:
 Name:
 GARDNER, FRED

 Address:
 Address:
 189 STRATFORD N

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW ROSEN MR 03/26/2009

Electronic Signature of Signing Officer or Director

Date