

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001806

FILED  
Apr 20, 2011  
Secretary of State

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

**Current Principal Place of Business:**

183 STRATFORD N  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

184 STRATFORD N  
WEST PALM BEACH, FL 33417 US

**Current Mailing Address:**

STRATFORD N C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

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

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

SHNEYER, PEARL  
164 STRATFORD L  
WEST PALM BEACH, FL 33417 US

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

MOLLENGARDEN, PETER  
250 AUSTRALIAN AVE S 5TH FL #500  
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: PETER MOLLENGARDEN

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: SWENSON, GARY E  
Address: 360 BRIAR LANE  
City-St-Zip: TAYLOR FALLS, MN 55084 US

Title: VP  
Name: BORTON, BARBARA  
Address: 183 STRATFORD N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S  
Name: JAGODA, IRIS  
Address: 181 STRATFORD N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: SHER, MICHAEL  
Address: 193 STRATFORD N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: NELSON, CRAIG  
Address: 13974 W SIMMS LAKE RD  
City-St-Zip: GORDON, WI 54838 US

Title: P  
Name: TURCOTTE, KAREN S  
Address: 184 STRATFORD N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby 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 all other like empowered.

SIGNATURE: GALE CORONA

MGRM

04/20/2011

Electronic Signature of Signing Officer or Director

Date