

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91016 045 ****61.25

DOCUMENT # N94000001807

1. Entity Name

**THE STRATFORD "K" CONDOMINIUM ASSOCIATION AT
CENTURY VILLAGE, INC.**



Principal Place of Business

**146 STRATFORD K
W PALM BEACH FL 33417**

Mailing Address

**146 STRATFORD K
W PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1551571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEFAUVER, DOROTHY
C/O SEACREST SERVICES
2400 CENTRE PARK WESDT DR., STE 175
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **STRATFORD OF CENTURY INC**
Street Address (P.O. Box Number is Not Acceptable)
146 STRATFORD K
WEST PALM BEACH, FL
City **33417 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

PEARL SHNEIDER, PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **PD** ☐ Delete
NAME **SILVER, HOWARD**
STREET ADDRESS **146 STRATFORD K**
CITY-ST-ZIP **W PALM BEACH FL 33417**

TITLE **VP** ☐ Delete
NAME **SMUL, GERALD**
STREET ADDRESS **143 STRATFORD K**
CITY-ST-ZIP **W PALM BCH FL 33417**

TITLE **TD** ☐ Delete
NAME **MALKA, GLORIA**
STREET ADDRESS **144 STRATFORD K**
CITY-ST-ZIP **W PALM BCH FL 33417**

TITLE **SD** ☐ Delete
NAME **SILVER, CATHERINE**
STREET ADDRESS **146 STRATFORD K**
CITY-ST-ZIP **W PALM BCH FL 33417**

TITLE **BD** ☐ Delete
NAME **KOTZER, IRWIN**
STREET ADDRESS **147 STRATFORD K**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **BD** ☐ Delete
NAME **DREISS, DEEDRE**
STREET ADDRESS **139 STRATFORD K**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BD** ☐ Change ☒ Addition
NAME **THOMAS Boland**
STREET ADDRESS **149 STRATFORD K**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Howard Silver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04 **561 683-1971**
Date Daytime Phone #