

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 050 ****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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

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 STRATFORD OF CENTURY INC 164 STRATFORD DR WEST PALM BEACH FL 33417	7. Name and Address of New Registered Agent Name: Howard Silver Street Address (P.O. Box Number is Not Acceptable): 146 Stratford K City: west Palm Beach FL Zip Code: 33417
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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: PD NAME: BOLARD, THOMAS STREET ADDRESS: 149 STRATFORD K CITY-ST-ZIP: WEST PALM BEACH FL 33417 ☒ Delete		TITLE: PD NAME: Silver, Howard STREET ADDRESS: 146 Stratford K CITY-ST-ZIP: west Palm Beach, FL 33417 ☐ Change ☒ Addition	
TITLE: VP NAME: SMUL, GERALD STREET ADDRESS: 143 STRATFORD K CITY-ST-ZIP: WEST PALM BEACH FL 33417 ☐ Delete		TITLE: PD NAME: Bolard Thomas STREET ADDRESS: 143 Stratford K CITY-ST-ZIP: west Palm Beach, FL 33417 ☒ Change ☐ Addition	
TITLE: TD NAME: MALK, GLORIA STREET ADDRESS: 144 STRATFORD K CITY-ST-ZIP: WEST PALM BEACH FL 33417 ☐ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ ☐ Change ☐ Addition	
TITLE: SD NAME: SILVER, CATHERINE STREET ADDRESS: 146 STRATFORD K CITY-ST-ZIP: WEST PALM BEACH FL 33417 ☐ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ ☐ Change ☐ Addition	
TITLE: BD NAME: KOTZER, IRWIN STREET ADDRESS: 147 STRATFORD K CITY-ST-ZIP: WEST PALM BEACH FL 33417 ☐ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ ☐ Change ☐ Addition	
TITLE: BD NAME: DREISS, DEEDRE STREET ADDRESS: 139 STRATFORD K CITY-ST-ZIP: WEST PALM BEACH FL 33417 ☒ Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ ☐ Change ☐ Addition	

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 1/13/05 561-683-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #