


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90018 044 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1551571				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRATFORD OF CENTURY, INC 165 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SILVER, HOWARD	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME RUSS, MARTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 146 STRATFORD K	WEST PALM BEACH, FL 33417		STREET ADDRESS 145 STRATFORD K	WEST PALM BEACH FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE VP	NAME SMUL, GERALD	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME SILVER, CATHERWE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 143 STRATFORD K	WEST PALM BEACH, FL 33417		STREET ADDRESS 146 STRATFORD K	WEST PALM BEACH FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE TD	NAME MALKA, GLORIA	<input type="checkbox"/> Delete	TITLE D	NAME MONTRONE, LOUIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 144 STRATFORD K	WEST PALM BEACH, FL 33417		STREET ADDRESS 148 STRATFORD K	WEST PALM BEACH FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE D	NAME SILVER, CATHERINE	<input checked="" type="checkbox"/> Delete	TITLE D	NAME KREMENCHUGSKY GREGOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 146 STRATFORD K	WEST PALM BEACH, FL 33417		STREET ADDRESS 151 STRATFORD K	WEST PALM BEACH FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE SD	NAME DRESSISS, DEE DEE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 139 STRATFORD K	WEST PALM BEACH, FL 33417		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE BD	NAME KOTZER, JACQUELINE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 147 STRATFORD K	WEST PALM BEACH, FL 33417		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Martin Russ</i>			MARTIN RUSS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-17-2008 561-687-3066		