

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001809

FILED  
Apr 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

24 STRATFORD B  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

STRATFORD B C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 59-1550727      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LUBINSKY, ABE  
24 STRATFORD B  
WEST PALM BEACH, FL 33417 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUBINSKY, ABE  
Address: 1226 E 10TH ST  
City-St-Zip: BROOKLYN, NY 11230 US

Title: VP  
Name: DAVID, GERALD  
Address: 1135 HARRIS ST  
City-St-Zip: FAR ROCKAWAY, NY 11691 US

Title: T  
Name: ADEST, ALLEN  
Address: 1716 EAST 18TH ST  
City-St-Zip: BROOKLYN, NY 11229 US

Title: D  
Name: ADDRESS, IRA  
Address: 1175 EAST 8TH ST  
City-St-Zip: BROOKLYN, NY 11230 US

Title: S  
Name: AFTEL, PAT  
Address: 71-14 167TH ST  
City-St-Zip: FRESH MEADOWS, NY 11365 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 TERRELL

C

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date