


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90400 028 ****61.25

DOCUMENT # N94000001811					
1. Entity Name THE STRATFORD "A" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.					
Principal Place of Business 2400 CENTRE PARK W. DR 175 WEST PALM BEACH, FL 33409			Mailing Address 2400 CENTRE PARK W. DR 175 WEST PALM BEACH, FL 33409		
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 59-1550726	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRATFORD OF CENTURY, INC 164 STRATFORD L WEST PALM BEACH, FL 33417			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEGLIA, FRANK 1 STRATFORD A W PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CINKOSKY, NANCY 9 STRATFORD A W PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEGLIA, MARYANN 1 STRATFORD A W PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALEY, JOSEPH 5 STRATFORD A W PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MARTINKOVIC, STEPHEN 2 STRATFORD A WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER ESTRAL, BOB BOB, ETHEL 8 STRATFORD A WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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>Frank Neglia</i> FRANK NEGLIA 4/10/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					