

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N94000001811

Mailing Address  
2400 CENTRE PARK W. DR  
175  
WEST PALM BEACH, FL 33409

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

01192007 Chq-NP CR2E037 (12/06)

4. FBI Number  
59-1550726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

STRATFORD OF CENTURY, INC  
164 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**


**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	<input type="checkbox"/> Delete
NAME	NEGLIA, FRANK	
STREET ADDRESS	1 STRATFORD A	
CITY-ST- ZIP	W PALM BEACH, FL 33417	

TITLE	VP	 Delete
NAME	CINKOSKY, NANCY	
STREET ADDRESS	9 STRATFORD A	
CITY - ST - ZIP	W PALM BEACH, FL 33417	

TITLE	SD	<input type="checkbox"/> Delete
NAME	NEGLIA, MARYANN	
STREET ADDRESS	1 STRATFORD A	
CITY - ST - ZIP	W PALM BEACH, FL 33417	

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MARTINKOUIC, STEPHEN	
STREET ADDRESS	2 STRAFORD A	
CITY - ST - ZIP	W PALM BEACH, FL 33417	

TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	ETHEL, BOB	
STREET ADDRESS	8 STRATFORD A	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bob, Ethel		
STREET ADDRESS	8 Stratford A		
CITY-ST-ZIP	West Palm Beach, FL 33417		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARTINKOVIC, Stephen		
STREET ADDRESS	2 Stratford A		
CITY - ST - ZIP	West Palm Beach, FL 33417		

TITLE	Bm	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Elsie Gold		
STREET ADDRESS	12 Stratford A		
CITY-ST-ZIP	West Palm Beach Fl. 33417		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

Frank Neglia FRANK NEGLIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Deadline Phone # \_\_\_\_\_

1/26/07 (561) 689-7380