

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90460 011 ****61.25



DOCUMENT # N94000001814
 1. Entity Name
THE STRATFORD "I" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.

Principal Place of Business
**115 STRATFORD I
 W PALM BEACH, FL 33417**

Mailing Address
**115 STRATFORD I
 W PALM BEACH, FL 33417**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



03302005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1551573

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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEIBOWITZ, LOUIS	
STREET ADDRESS	115 STRATFORD I	
CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEGAULT, PAUL	
STREET ADDRESS	118 STRATFORD I	
CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Delete ✓
NAME	SCHOENBERG, MARK	
STREET ADDRESS	111 STRATFORD I	
CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULMAN, HOWARD	
STREET ADDRESS	124A STRATFORD I	
CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HURRY, RUBIN	
STREET ADDRESS	116 STRATFORD I	
CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BORENSTEIN, ANA	
STREET ADDRESS	114 STRATFORD I	
CITY-ST-ZIP	WEST PALM BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD SCHULMAN	
STREET ADDRESS	124A STRATFORD I	
CITY-ST-ZIP	W.P. BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK SCHOENBERG	
STREET ADDRESS	111 STRATFORD I	
CITY-ST-ZIP	W.P. BEACH, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIEN BOERGESE	
STREET ADDRESS	120 STRATFORD I	
CITY-ST-ZIP	W.P. BEACH, FL 33417	

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 Schulman **PRESIDENT** 4/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #