


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90086 020 ****61.25


DOCUMENT # N94000001814

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



Principal Place of Business 124 A STRATFORD I W PALM BEACH, FL 33417	Mailing Address 124 A STRATFORD I W PALM BEACH, FL 33417
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1551573	Applied For 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
 164 STRATFORD L
 WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULMAN, HOWARD 124 A STRATFORD I W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEGAULT, PAUL 118 STRATFORD I W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENBERG, MARK 111 STRATFORD I W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOOOXWE, LUCIEN 120 STRATFORD 1 WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Howard Schulman* **Howard Schulman** **3/9/07** **561-684-3246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #