


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90040 032 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
STRATFORD OF CENTURY 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHULMAN, HOWARD	NAME			
STREET ADDRESS	124 A STRATFORD I	STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEGAULT, PAUL	NAME			
STREET ADDRESS	118 STRATFORD I	STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHENBERG, MARK	NAME			
STREET ADDRESS	111 STRATFORD I	STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOOXWE, LUCIEN	NAME	DIRECTOR BOURQUE LUCIEN		
STREET ADDRESS	120 STRATFORD I	STREET ADDRESS	120 STRATFORD I		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WEST Palm Beach, FL 33417		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	TREASURER SAM PENTOSKI		
STREET ADDRESS		STREET ADDRESS	124 STRATFORD I		
CITY-ST-ZIP		CITY-ST-ZIP	WEST Palm Beach, FL 33417		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 lines empowered.					
SIGNATURE: <i>Howard Schulman</i>			Date: 2/28/08		Daytime Phone #: 561-684-3246
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>