

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90727 050 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N94000001816					
1. Entity Name THE STRATFORD "E" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.					
Principal Place of Business 62 STRATFORD "E" WEST PALM BEACH FL 33417-1610			Mailing Address 62 STRATFORD "E" WEST PALM BEACH FL 33417-1610		
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 59-1550731	
				Applied For <input type="checkbox"/> 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		
KEFAUER, DOROTHY R. RUDD C/O SEACREST SERVICES 2400 CENTRE PARK WEST DR., STE 175 WEST PALM BEACH FL 33409			Name SECRETARY OF CENTURY IN Street Address (P.O. Box Number is Not Acceptable) 164 STRATFORD E WEST PALM BEACH City FL Zip Code 33417		
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 PEARL SHWEYER, PRES. <i>Pearl Shweyer</i> 4/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVER, MARIE		NAME		
STREET ADDRESS	62 STRATFORD E		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHERLING, ROSE		NAME		
STREET ADDRESS	58 STRATFORD E		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, ARTHUR		NAME	SECRETARY	
STREET ADDRESS	70 STRATFORD E		STREET ADDRESS	ADELE RICHARDSON	
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP	63 STRATFORD E	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANDLER, SYLVIA		NAME		
STREET ADDRESS	60 STRATFORD "E"		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP		
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		
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 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: MARIE OLIVER <i>Marie Oliver</i> 1/28/04 471-5516 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					