

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-09-2007 90082 003 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1550731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATFORD OF CENTURY INC
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	☒ Delete
NAME	OLIVER, MARIE	
STREET ADDRESS	62 STRATFORD E	
CITY-ST-ZIP	W PALM BEACH FL 33417	

TITLE	VP	☒ Delete
NAME	LIBERMAN, JONAS	
STREET ADDRESS	69 STRATFORD EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	S	☒ Delete
NAME	RICHARDSON, ADELE	
STREET ADDRESS	63 STRATFORD E	
CITY-ST-ZIP	W PALM BEACH FL 33417	

TITLE	TD	☒ Delete
NAME	BRANDLER, SYLVIA	
STREET ADDRESS	60 STRATFORD "E"	
CITY-ST-ZIP	W PALM BEACH FL 33417	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	LIBERMAN, JONAS	
STREET ADDRESS	69 STRATFORD E	
CITY-ST-ZIP	W.P.B. FL 33417	

TITLE	VP	☐ Change ☒ Addition
NAME	SCHUSTER, FLORA	
STREET ADDRESS	68 STRATFORD E	
CITY-ST-ZIP	W.P.B. FL 33417	

TITLE	J.P.	☐ Change ☒ Addition
NAME	FAIRLESS, ROBERT	
STREET ADDRESS	65 STRATFORD E	
CITY-ST-ZIP	W.P.B. FL 33417	

TITLE	TD	☒ Change ☐ Addition
NAME	OLIVER, MARIE	
STREET ADDRESS	62 STRATFORD E	
CITY-ST-ZIP	W.P.B. FL 33417	

TITLE	S	☐ Change ☒ Addition
NAME	FAÇOT, EDIE	
STREET ADDRESS	64 STRATFORD E	
CITY-ST-ZIP	W.P.B. FL 33417	

TITLE		☐ Change ☐ 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 Section 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/09 (561) 242-9412
Date Daytime Phone #