


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90130 007 \*\*\*\*61.25

<b>DOCUMENT # N94000001801</b>					
<b>1. Entity Name</b> THE STRATFORD "O" CONDOMINIUM ASSOCIATION AT CENTURY VILLAGE, INC.					
<b>Principal Place of Business</b> 3700 GEORGIA AVE. W PALM BEACH, FL 33405			<b>Mailing Address</b> 3700 GEORGIA AVE. W PALM BEACH, FL 33405		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1551108	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P MUSSO, JOSEPH 201 STATFORD O W PALM BEACH, FL	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP GREENSPAN, GENE 208 STRATFORD O W PALM BEACH, FL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD WEINSHENKER, ROSALYN 195 STRATFORD "O" W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SHUMAN, LEE 200 STRATFORD O W PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD MAMEN, SELNA STRATFORD WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P SELMA MAMMEN 198 STRATFORD O W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TREAS. TERRY EARLY 200 STRATFORD O W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ROBERT FERREE 201 STRATFORD O W.P. BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD LINDA TURKEL 206 STRATFORD O W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Selma Mammen</i> <i>SELMA MAMMEN</i> 4/12/05 6866896					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					