


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90018 041 ****61.25

DOCUMENT # N94000001801

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



Principal Place of Business
**3700 GEORGIA AVE.
 W PALM BEACH, FL 33405**

Mailing Address
**3700 GEORGIA AVE.
 W PALM BEACH, FL 33405**

2. Principal Place of Business - No P.O. Box #
2400 CENTREPARK W. DR

Suite, Apt. #, etc.
175

City & State
West Palm Beach

Zip
33409

Country
Palm Beach

3. Mailing Address
2400 CENTREPARK W. DR

Suite, Apt. #, etc.
175

City & State
West Palm Beach

Zip
33409

Country
Palm Beach

40101000



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1551108

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRATFORD OF CENTURY INC.
 164 STRATFORD L.
 WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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

Filing Fee is \$61.25 Due by May 1, 2008

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		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 EARLY, TERRI		NAME	
STREET ADDRESS 199A STRATFORD O		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENSPAN, GENE		NAME	
STREET ADDRESS 208 STRATFORD O		STREET ADDRESS	
CITY-ST-ZIP W PALM BEACH, FL		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNT, SHARON		NAME	
STREET ADDRESS 197 STRATFORD O		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARENA, JOHN		NAME	
STREET ADDRESS 195 STRATFORD O		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURKEL, LINDA		NAME	
STREET ADDRESS 206 STRATFORD O		STREET ADDRESS	
CITY-ST-ZIP WEST 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	

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 empowerments.

SIGNATURE: *Leanne Shuey* *Pres Stratford of Cent* *4/24/08* *561-687-2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #