
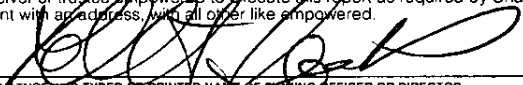


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 028 ****61.25

DOCUMENT # N37363					
1. Entity Name BEDFORD I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 210 BEDFORD I W. PALM BEACH, FL 33417 US			Mailing Address 210 BEDFORD I W. PALM BEACH, FL 33417 US		
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 59-1661016	
				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	
ALLEN, STEVE 210 BEDFORD I 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	ALLEN, STEVE				
STREET ADDRESS	210 BEDFORD I				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417				
TITLE	DS	<input type="checkbox"/> Delete			
NAME	PAQUETTE, GEORGETTE				
STREET ADDRESS	211 BEDFORD I				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417				
TITLE	PRES	<input type="checkbox"/> Delete			
NAME	LOUKS, BOB				
STREET ADDRESS	227 BEDFORD I				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417				
TITLE	P2	<input type="checkbox"/> Delete			
NAME	SHAPIRO, MARVIN				
STREET ADDRESS	216 BEDFORD I				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	MARTIN, CHRISTOPHER				
STREET ADDRESS	213 BEDFORD I				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowered.					
SIGNATURE:  Mar 30/07 561-273-1119					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					