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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37363 (1)

1. Corporation Name
BEDFORD I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business % FRANCES FRESCO BEDFORD I CONDOM. APT 1-215 CENTURY VILLA W. PALM BEACH FL 33417	Mailing Address % FRANCES FRESCO BEDFORD I CONDOM. APT 1-215 CENTURY VILLA W. PALM BEACH FL 33417
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29

3. Date Incorporated or Qualified 03/26/1990	3a. Date of Last Report 02/14/1996
4. FEI Number 59-1661016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRESCO, FRANCES
BEDFORD I CONDOMINIUM
CENTURY VILLAGE, APT 1-215
W. PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRESCO, FRANCES	
STREET ADDRESS	BEDFORD I-215 CEN VIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRIEDLAND, JACK	
STREET ADDRESS	BEDFORD I-228 CEN VIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JAFFEE, JULIETTE	
STREET ADDRESS	BEDFORD I-214 CEN VIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SOBEL, SOL	
STREET ADDRESS	BEDFORD I-230 CEN VIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, ELIZABETH	
STREET ADDRESS	BEDFORD I-212 CEN VIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MARVIN	
STREET ADDRESS	BEDFORD I-215 CEN VIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIKARN, RAYMOND
1.3 STREET ADDRESS	BEDFORD I-218 CEN VIL
1.4 CITY-ST-ZIP	W. PALM BEACH FLA 33417
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances Fresco* **FRANCES FRESCO** 1/10/97 561-684-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078890

CR2E037 (9/96)