## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N37363** 1. Corporation Name

BEDFORD I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O JACK AKMAN 224 BEDFOR I

W. PALM BEACH FL 33417

Mailing Address

C/O JACK AKMAN 224 BEDFORD †

W. PALM BEACH FL 33417

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90107 023 \*\*\*\*70.00

| - 1 10 B   1101 B 66 B 1111   1804 | E STATE O DE CONTRACTO DE CONTRACTOR DE CONTRACTO DE CONT |   |
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| Principal Pl  | ace of Business  | 2a. Mailing Address   | D.                                   | 3. Date Incorporated or Qualifed 03/26/1990    |                       |            |  |  |
|---|--|---|--------------------------------------|--|-----------------------|------------|--|--|
| 70 Y  | IRGINIA NANDALL  | 26 % VIRGINIA   | KANDALL                              |  | <del></del>           |            |  |  |
| Suite, Apt.   |  | Suite, Apt. #, etc.   | -                                    | 4. FEI Number 59-1661016                       | <u> </u>              | lied For   |  |  |
| <u> </u>  |  | 27 222 BEDFOI   | <u> </u>                             | 39-100 10 10                                   |                       | Applicable |  |  |
| WEST PALM BEACH FL 28 WEST PALM BEACH   |  |   |                                      | 5. Certificate of Status Desired               | \$8.75 A              | _          |  |  |
| Žip Country Zip   |  |   | Country                              | 6. Election Campaign Financing                 | <b>_</b> \$5.00 ⋅     |            |  |  |
| <i>3</i> 3 <u>4</u>   |  | 29 33417 30   | 1 437                                | Trust Fund Contribution                        | Added to              | Fees       |  |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  |  |   |                                      |  |                       |            |  |  |
| 81 Name VIRGINIA RANDALL  |  |   |                                      |  |                       |            |  |  |
| AKMAN, JACK 82 Street Address (P.O. Box Number is Not Acceptable)   |  |   |                                      |  |                       |            |  |  |
| 224 BEDF  |  |   |                                      | 122 BEDFORD                                    |                       |            |  |  |
| CENTURY VILLAGE   |  |   |                                      |  |                       |            |  |  |
|   | M BEACHA FL 33417  |   | 84 City                              | 0  | 85 Zip C              | ode        |  |  |
|   |  |   | WE                                   | STALM BEACIT                                   | _FL    <i>33</i> 4    |            |  |  |
| 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 |  |   |                                      |  |                       |            |  |  |
| office or re  | egistered agent, or both, in the State of<br>m familiar with, and accept the obligatjo | Florida. Such change was auth<br>ns of, Section 617,0503, Elorida | orized by the corpora<br>a Statutes. | ation's board of directors, I nereby accept to | ne appointment as reg | istered    |  |  |
| agorii. Tai   | Minney R.  | ndall Pro   | widont                               | 1-41-  | 99                    |            |  |  |
| · • · · · · · · · · · · · · · · · · · ·   | Signature, typed of printed name of registered agent a                                 | nd title if applicable. (NOTE: Re                                 | gistered Agent signature requ        | uired when reinstating)                        | DATE                  |            |  |  |
| · -   | OFFICERS AND   |   | 13.                                  | ADDITIONS/CHANGES TO OFFICE                    | ERS AND DIRECTOR      | RS IN 12   |  |  |
|   | P  | ☐ DELETE  | 1.1 TITLE                            |  | Change                | ☐ Addition |  |  |
| }   | RANDALL, VIRGINIA  |   | 1.2 NAME                             | ,  |                       | . ,        |  |  |
| LAMBLES   | BEDFORD I, CENTRUY VILLAGE   | 222   | 1.3 STREET ADDRESS                   | · .  |                       |            |  |  |
| ST-ZIP  | WEST PALM BEACH FL   |   | 1.4 CITY-ST-ZIP                      |  |                       |            |  |  |
| 31-21-  | DT   | ☐ DELETE  | 2.1 TITLE                            |  | Change                | Addition   |  |  |
|   | ALLEN, DOROTHY   | _ "   | 2.2 NAME                             | · ·  |                       | -          |  |  |
|   | BEDFORD 8 210  |   | 2.3 STREET ADDRESS                   |  | •                     |            |  |  |
| I WANTERS   |  |   |                                      |  |                       | )          |  |  |
| ST ZIP  | W. PALM BEACH FL 33417   | □ DELETE  | 2.4 CITY-ST-ZIP<br>3.1 TITLE         |  | Change                | Addition   |  |  |
|   | DS   | _ occerc  | ł l                                  |  | ш                     |            |  |  |
|   | JAFFEE, JULIETTE   |   | 3.2 NAME                             |  |                       |            |  |  |
| I ALIUKESS  | BEDFORD I-214 CENVIE   |   | 3.3 STREET ADDRESS                   |  | •                     | ·          |  |  |
| ST ZIP  | W. PALM BEACH FL   | - Liles ste   | 3.4. CITY-ST-ZIP                     |  | ☐ Change              | Addition   |  |  |
|   | D  | ☐ DELETE  | 4.1 TITLE                            |  | i⊓ cusuãe             | C Addition |  |  |
| -   | RANDALL, CLARENCE W  | ļ   | 4, 2 NAME                            |  |                       |            |  |  |
| . LAURAGESS   | 222 BEDFORD I  |   | 4.3 STREET ADDRESS                   |  |                       |            |  |  |
| ST-ZIP  | W. PALM BEACH FL 33417   |   | 4.4 CITY-ST-ZIP                      |  |                       |            |  |  |
|   | D  | ☐ DELETE  | 5.1 TITLE                            |  | ☐ Change              | ☐ Addition |  |  |
|   | PAQUETTE, GEORGETTE  |   | 5.2 NAME                             |  |                       |            |  |  |
| I ADDRESS   | 211 BEDFORD I  |   | 5.3 STREET ADDRESS                   | ,  |                       |            |  |  |
| ST 21P  | W. PALM BEACH FL 33417   |   | 5.4 CITY-ST-ZIP                      | <u> </u>                                       |                       |            |  |  |
| T   | D  | ☐ DELETE  | 6.1 TITLE                            |  | Change                | Addition   |  |  |
| _   | SHAPIRO, MARVIN  |   | 6.2 NAME                             |  | •                     |            |  |  |
| i addatess  | BEDFORD I-215 CENVIE   |   | 6.3 STREET ADDRESS                   | :  |                       |            |  |  |
| ST-ZIP  | W. PALM BEACH FL   |   | 6.4 CITY-ST-ZIP                      | •  |                       |            |  |  |

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 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, with all other like empowered.