DOCUMENT # N37363  1. Entity Name  BEDFORD I CONDOMINIUM ASSOCIATION, INC.						FILED Jan 13, 2001 8:00 am Secretary of State				
Principal Place of Business  C/O VIRGINIA RANDALL 222 BEDFORD I W. PALM BEACH FL 33417 US		Mailing Address C/O VIRGINIA RANDALL 222 BEDFORD I W. PALM BEACH FL 33417 US				01-13-200	1 90053	032 ****	70.00	
Principal Place of Business     Suite, Apt. #, etc.		Mailing Address     Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 50-1661016 Applied For					]
Zip	Country	Zip	Cou	untry	5. Certificate o	Status Desired		\$8.75 Add		-
	6. Name and Address of Current R				7. Name and A	ddress of New Re	gistered A	gent		
		Name								
RANDALL, VIRGINIA 222 BEDFORD I				Street Address	(P.O. Box Number	is Not Acceptable)				]
CENTURY				City				Zip Code		-
	M BEACHA FL 33417 named entity submits this statement for t			City			FL			
SIGNATURE _	Signature, typed or printed name of registered agent and FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	Financi	☐ Adde	00 May Be	Dep	artment			1
10.	OFFICERS AND DIRE	<del></del>	11,	_	ADDITIONS/CHA	NGES TO OFFICER	S AND DIF			16
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDALL, VIRGINIA BEDFORD I, CENTRUY VILLAGE 2 WEST PALM BEACH FL	□ Delete						☐ Change	Addition Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALLEN, DOROTHY 210 BEDFORD I WEST PALM BEACH FL 33417	□ Delete					<b>.</b>	☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAFFE, JULIETTE 214 BEDFORD I WEST PALM BEACH FL 33417	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, CLARENCE W 222 BEDFORD I W. PALM BEACH FL 33417	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, GEORGETTE 211 BEDFORD I W. PALM BEACH FL 33417	☐ Delete					•	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, MARVIN 216 BEDFORD I WEST PALM BEACH FL 33417	☐ Deleta						Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone										

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