

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0033947

DOCUMENT # N37363

1. Entity Name

BEDFORD I CONDOMINIUM ASSOCIATION, INC.

02-14-2002 90011 015 ****70.00

Principal Place of Business

Mailing Address

C/O VIRGINIA RANDALL
 222 BEDFORD I
 W. PALM BEACH FL 33417
 US

C/O VIRGINIA RANDALL
 222 BEDFORD I
 W. PALM BEACH FL 33417
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1661016

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL, VIRGINIA
 222 BEDFORD I
 CENTURY VILLAGE
 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.

SIGNATURE

Virginia Randall
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	RANDALL, VIRGINIA	
STREET ADDRESS	BEDFORD I, CENTURY VILLAGE 222	
CITY-ST-ZIP	WEST PALM BEACH FL	
NAME	ALLEN, DOROTHY	
STREET ADDRESS	210 BEDFORD I	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JAFFE, JULIETTE	
STREET ADDRESS	214 BEDFORD I	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, CLARENCE W	
STREET ADDRESS	222 BEDFORD I	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAQUETTE, GEORGETTE	
STREET ADDRESS	211 BEDFORD I	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, MARVIN	
STREET ADDRESS	216 BEDFORD I	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAN O'ROURKE	
STREET ADDRESS	219 BEDFORD I	
CITY-ST-ZIP	WEST PALM BEACH FL	
NAME		
STREET ADDRESS	207 BEDFORD I	
CITY-ST-ZIP	WEST PALM BEACH FL	
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 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:

Virginia Randall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02 561-683-5021

0R2E037 (9/01)