

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90067 033 ****70.00

DOCUMENT # N37363

1. Entity Name

BEDFORD I CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business

3. Mailing Address

210 BEDFORD I

210 BEDFORD I

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

Zip
33417

Country
USA

Zip
33417

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1661016**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RANDALL, VIRGINIA
222 BEDFORD I
CENTURY VILLAGE
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name **LEON ALLEN**
Street Address (P.O. Box Number is Not Acceptable)
210 BEDFORD I
City **WEST PALM BEACH FL** Zip Code **33417**

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 *Leon Allen* **LEON ALLEN** **1-6-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **RANDALL, VIRGINIA**
STREET ADDRESS **BEDFORD I, CENTURY VILLAGE 222**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☒ Change ☐ Addition
NAME **VIRGINIA RANDALL**
STREET ADDRESS **222 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **DT** ☐ Delete
NAME **ALLEN, DOROTHY**
STREET ADDRESS **210 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **P** ☒ Change ☐ Addition
NAME **LEON ALLEN**
STREET ADDRESS **210 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **DS** ☒ Delete
NAME **JAFFE, JULIETTE**
STREET ADDRESS **214 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **DS** ☐ Change ☒ Addition
NAME **ISIDORE MAZZIAH**
STREET ADDRESS **201 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☒ Delete
NAME **JEAN, OROURKE**
STREET ADDRESS **219 BEDFORD I**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Change ☐ Addition
NAME **JEAN O'ROURKE**
STREET ADDRESS **219 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **D** ☐ Delete
NAME **SHAPIRO, MARVIN**
STREET ADDRESS **216 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **P2** ☒ Change ☐ Addition
NAME **SHAPIRO, MARVIN**
STREET ADDRESS **216 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **CHRISTOPHER MARTIN**
STREET ADDRESS **213 BEDFORD I**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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: *Leon Allen* **REQUIRED** **1-6-03** **561-478-5244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10031425
JCR2E037 (10/02)