

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37537 (0)

1. Corporation Name

BEDFORD H CONDOMINIUM OF CENTURY VILLAGE INC.

Principal Place of Business

Mailing Address

BEDFORD H 201
W PALM BEACH FL 33417
US

201 BEDFORD H
W PALM BEACH FL 33417

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

59-2388425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33417 Country P.B.

28 Zip Country

24 33417 25 P.B. 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, HAROLD
201 BEDFORD H
W PALM BEACH FL 33417

81 Name

HAROLD FREEMAN

82 Street Address (P.O. Box Number is Not Acceptable)

201 BEDFORD H

83

84 City

W.P.B. FL 33417

FL 85 Zip Code 33417

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FREEMAN, HAROLD

STREET ADDRESS 201 BEDFORD H

CITY-ST-ZIP W PALM BEACH FL

TITLE D ☒ DELETE

NAME KAUFMAN, RAY

STREET ADDRESS 202 BEDFORD H

CITY-ST-ZIP W PALM BEACH FL

TITLE D ☐ DELETE

NAME AUGUSTA, ANIS

STREET ADDRESS 200 BEDFORD H

CITY-ST-ZIP WEST PALM BEACH FL

TITLE P.D. OFF TRS ☐ DELETE

NAME

STREET ADDRESS 187 BEDFORD H

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 29 1998 8:00am
Secretary of State



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CR2E037 (5/98)