

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37537

**Entity Name:** BEDFORD H CONDOMINIUM OF CENTURY VILLAGE INC.

**Current Principal Place of Business:**

C/O CMC  
2950 JOG ROAD  
GREENACRES, FL 33467

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC4557705617**

**Current Mailing Address:**

C/O CMC  
2950 JOG ROAD  
GREENACRES,, FL 33467 US

**FEI Number: 59-2388425**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name HALL, DONNA  
Address 205 BEDFORD H  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP, T  
Name NOVAK, SYLVIA M  
Address 195 BEDFORD H  
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT  
Name BUNK, MICHAEL  
Address 206 BEDFORD H  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name WILLIAMS, LLYOD  
Address 199 BEDFORD H  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name COUSENEAU, HUQVETTE  
Address 202 BEDFORD H  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL BUNK**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date