


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 041 ****61.25

DOCUMENT # N19566 1. Entity Name BEDFORD J CV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 250 BEDFORD STREET J W. PALM BEACH, FL 33417			Mailing Address SEACREST SERVICES INC. 2400 CENTERPARK DR WEST, STE. 175 WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1652688				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENJAMIN FEUER 250 BEDFORD #J W. PALM BEACH, FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating.)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	NICK RABANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FEUER, BENJAMIN		NAME		
STREET ADDRESS	250 BEDFORD "J"		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	COP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAMIAN, ROBERT		NAME		
STREET ADDRESS	248 BEDFORD "J"		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAMIANO, RICHARD		NAME		
STREET ADDRESS	236 BEDFORD "J"		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLASTER, LORETTA		NAME		
STREET ADDRESS	BEDFORD APT. J-249		STREET ADDRESS		
CITY - ST - ZIP	W. PALM BEACH, FL		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMAN, EILEEN		NAME		
STREET ADDRESS	234 BEDFORD J		STREET ADDRESS		
CITY - ST - ZIP	W. PALM BEACH, FL 33417		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Benjamin Feuer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-6-06 561-686-3643 <small>Date Days/Phone #</small>		