


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90024 048 \*\*\*\*61.25

<b>DOCUMENT # N19566</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  BENJAMIN FEUER 250 BEDFORD #J W. PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name <b>Robert Damiano</b> Street Address (P.O. Box Number is Not Acceptable) <b>248 BEDFORD J</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33417</b>	
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 <u><i>Robert Damiano</i></u> DATE <u>2/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEIER, BEMKA,OM			NAME	<b>ROBERT DAMIANO</b>
STREET ADDRESS	250 BEDFORD "J"			STREET ADDRESS	<b>248 BEDFORD J</b>
CITY-ST-ZIP	WEST PALM BEACH, FL 33417			CITY-ST-ZIP	<b>WAB FL 33417</b>
TITLE	COP	<input checked="" 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>Robert Damiano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ROBERT DAMIANO</b>				DATE: <u>2/8/08</u> Daytime Phone # <u>J61-696-7084</u>	



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1652688** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required