

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 031 ****61.25

DOCUMENT # N29986 1. Entity Name BEDFORD C CV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PRUITTS PROPERTY MANAGEMENT INC 2575 HOMEWOOD RD WEST PALM BEACH, FL 33406 US			Mailing Address PRUITTS PROPERTY MANAGEMENT INC 2575 HOMEWOOD RD WEST PALM BEACH, FL 33406 US		
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	4. FEI Number 59-1654208 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
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		
PRUITTS PROPERTY MANGEMENT INC 2575 HOMEWOOD RD WEST PALM BEACH, FL 33406			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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 required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYOTTE, JACQUES		NAME	NOBILE, RUCCO	
STREET ADDRESS	74 BEDFORD C		STREET ADDRESS	70 BEDFORD C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	S	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, ALICE		NAME	SOLOMON, IDA	
STREET ADDRESS	69 BEDFORD C		STREET ADDRESS	56 BEDFORD C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete	TITLE	REZNIK, BERTRAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRC, MARIA		NAME	REZNIK, BERTRAM	
STREET ADDRESS	66 BEDFORD C		STREET ADDRESS	59 BEDFORD C	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	PEKIN, EDYTHE R.		NAME		
STREET ADDRESS	75 BEDFORD C.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 334172282		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	REZNIK, BERTRAM		NAME		
STREET ADDRESS	59 BEDFORD C		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete ADD	TITLE		
NAME	IDA SOLOMON		NAME		
STREET ADDRESS	56 BEDFORD C		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		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>Edythe R. Pekin</u> EDYTHE R. PEKIN <u>2/22/07</u> <u>561-640-7943</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					