

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90125 017 ****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

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1654208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 **PRUITTS PROPERTY MANAGEMENT**
Street Address (P.O. Box Number is Not Acceptable)

4895 GRADINOR LN

City **LAKEWORTH**

FL

Zip Code **33463**

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 **Edythe R. Pekin**

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

Edythe R. Pekin

(NOTE: Registered Agent signature required when reinstating)

3/28/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME **P**
STREET ADDRESS **AYOTTE, JACQUES**
CITY-ST-ZIP **74 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MAAYE PRACTICE**
CITY-ST-ZIP **54 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HUNT, ALICE**
CITY-ST-ZIP **69 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **MARY MURPHY**
CITY-ST-ZIP **67 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **PIRC, MARIA**
CITY-ST-ZIP **66 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **BERTRAM REZNIK**
CITY-ST-ZIP **59 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PEKIN, EDYTHE R.**
CITY-ST-ZIP **75 BEDFORD C
WEST PALM BEACH, FL 334172282**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NOBILE, ROCCO**
CITY-ST-ZIP **70 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **SOLOMON, IDA**
CITY-ST-ZIP **56 BEDFORD C
WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Edythe R. Pekin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 561-640-7943

Date Daytime Phone #

Edythe R. Pekin