

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:45

DOCUMENT # **N34982 (1)**  
1. Corporation Name  
**BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**SEACREST Co**  
ALAN BERNSTEIN 3700 GEORGIA AVE. SEACREST Co  
5033 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417  
WEST PALM BEACH FL 33405  
1. Mr. BILL MACCOFSKY - COMPTROLLER

3. Date Incorporated or Qualified **10/30/1989** 3a. Date of Last Report **12/05/1994**  
4. FEI Number **59-1654993** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BERNSTEIN, ALAN**  
**5033 OKEECHOBEE BLVD.**  
**WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME COHEN, DIANE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS BEDFORD, 277 C.V.	CITY - ST - ZIP WEST PALM BEACH FL 33417	12 NAME	
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE V	NAME JOSEPH, JOSEPH	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS BEDFORD K-258	CITY - ST - ZIP WEST PALM BEACH FL	22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
TITLE T	NAME FOX, NATALIE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS BEDFORD K-275 C.V.	CITY - ST - ZIP WEST PALM BEACH FL 33417	32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE S	NAME JARDON VIVIAN	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS BEDFORD K-278 C.V.	CITY - ST - ZIP WEST PALM BEACH FL 33417	42 NAME JARDON VIVIAN	
		43 STREET ADDRESS BEDFORD K-278 C.V.	
		44 CITY - ST - ZIP WEST PALM BEACH FL 33417	
TITLE D	NAME POSNER, BENJAMIN	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS BEDFORD K-259	CITY - ST - ZIP WEST PALM BEACH FL	52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE D	NAME MANECOSKY, BELLA	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS BEDFORD K-263 C.V.	CITY - ST - ZIP WEST PALM BEACH FL 33417	62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/27/95** 687-3271