

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 13 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34982 (1)**  
 1. Corporation Name  
**BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business SEACREST CO 3700 GEORGIA AVE WEST PALM BEACH FL 33405 US	Mailing Address SEACREST CO 3700 GEORGIS AVENUE WEST PALM BEACH FL 33405-2125 US
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3. Date Incorporated or Qualified <b>10/30/1989</b>	3a. Date of Last Report <b>03/07/1996</b>
4. FEI Number <b>59-1654993</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE <b>P/D</b>	<input type="checkbox"/> DELETE
NAME <b>P</b> <b>COHEN, DIANE</b>	
STREET ADDRESS <b>BEDFORD, 277 C.V.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>	
TITLE <b>V/D</b>	<input type="checkbox"/> DELETE
NAME <b>V</b> <b>JOSEPH, JOSEPH</b>	
STREET ADDRESS <b>BEDFORD K-258</b>	
TITLE	<input type="checkbox"/> DELETE
NAME <b>FOX, NATALIE</b>	
STREET ADDRESS <b>BEDFORD K-275 C.V.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>	
TITLE	<input type="checkbox"/> DELETE
NAME <b>S</b> <b>VIVIAN, JAROON</b>	
STREET ADDRESS <b>BEDFORD K-278 V C</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME <b>D</b> <b>POSNER, BENJAMIN</b>	
STREET ADDRESS <b>BEDFORD K-259</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME <b>D</b> <b>MANECOFSKY, BELLA</b> <i>deceased</i>	
STREET ADDRESS <b>BEDFORD K-263 C.V.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33417</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VIVIAN JORDON</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Q13</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>\$61.25 Bank</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **6/15/97**

CR2E037 (9/96)