


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 GEORGIA AVE WEST PALM BEACH FL 33405 US
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3. Date Incorporated or Qualified 10/30/1989	
4. FEI Number 59-1654993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, DIANE	1.2 NAME	
STREET ADDRESS	BEDFORD, 277 C.V.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, JOSEPH	2.2 NAME	IRVING SILBER
STREET ADDRESS	BEDFORD K-258	2.3 STREET ADDRESS	BEDFORD K-263
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, NATALIE	3.2 NAME	
STREET ADDRESS	BEDFORD K-275 C.V.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN, SORDON JORDAN	4.2 NAME	
STREET ADDRESS	BEDFORD K-278 V C	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, BENJAMIN	5.2 NAME	MARION PALEY
STREET ADDRESS	BEDFORD K-259	5.3 STREET ADDRESS	BEDFORD K 259
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Alan Bernstein* **UNPREPARED** 2/16/98

CR2E037 (10/97)