


**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90006 010 \*\*\*367.50

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N34982**

1. Corporation Name

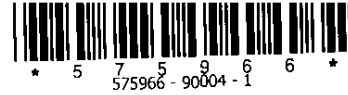
**BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country 30

3. Date Incorporated or Qualified

10/30/1989

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

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 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, DIANE	
STREET ADDRESS	BEDFORD, 277 C.V.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD VP PRESIDENT	<input type="checkbox"/> DELETE
NAME	SILBER, IRVING	
STREET ADDRESS	BEDFORD K-263	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD T	<input type="checkbox"/> DELETE
NAME	FOX, NATALIE	
STREET ADDRESS	BEDFORD K-275 C.V.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, VIVIAN	
STREET ADDRESS	BEDFORD K-278 V C	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALEY, MARION	
STREET ADDRESS	BEDFORD K 259	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	SHARON, EDY	
STREET ADDRESS	BEDFORD K-262	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SECRETARY	
1.3 STREET ADDRESS	MANISCHOWITZ, ESTHER	
1.4 CITY-ST-ZIP	BEDFORD K-265	
2.1 TITLE	WEST PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address, with all other lines empowered.

SIGNATURE:

*[Handwritten Signature]* - PRESIDENT 03-26-99 616-063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #