

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90176 028 ****61.25

DOCUMENT # N34982

1. Entity Name

BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SEACREST CO
 3700 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

SEACREST CO
 3700 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

00090013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1654993

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERNSTEIN, ALAN
5033 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: SILBER, IRVING
 STREET ADDRESS: BEDFORD K-263
 CITY-ST-ZIP: WEST PALM BEACH FL Delete

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

TITLE: TD
 NAME: FOX, NATALIE
 STREET ADDRESS: BEDFORD K-275 C.V.
 CITY-ST-ZIP: WEST PALM BEACH FL 33417 Delete

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

TITLE: SD
 NAME: MANTSCHOWITZ, ESTHER
 STREET ADDRESS: BEDFORD K-265
 CITY-ST-ZIP: WEST PALM BEACH FL Delete

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

TITLE: D
 NAME: PALEY, MARION
 STREET ADDRESS: BEDFORD K 259
 CITY-ST-ZIP: WEST PALM BEACH FL Delete

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

TITLE: VP
 NAME: EDY, SHARON
 STREET ADDRESS: BEDFORD K-262
 CITY-ST-ZIP: WEST PALM BEACH FL Delete

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING SILBER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-01 -561-
 616-0636
 Date Daytime Phone #

CR2E037 (10/00)