

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90084 046 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1654993**

Applied For

Not Applicable

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME **MOORE, JOAN**  
 STREET ADDRESS **BEDFORD K-275 C.V.**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 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 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

Date

Daytime Phone #

*[Handwritten Signature]* **PRESIDENT** **02-21-02** **561 616-0636**

CR2E037 (9/01)