## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N34982  1. Entity Name BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.					- 41	7 (c) - TARY (SION OF COI - 4-DEC_28	OF STATE RPORATION	
SEACREST C 3700 GEORG	·='	Mailing Address SEACREST CO 3700 GEORGIA AVE WEST PALM BEACH, FL 33405		us		LOEC 28 STATER		<u>oy</u>
263	tace of Business Bedfind K	3. Mailing Address 2400 Centrepark W.Dr.				HULLU		
Suite, Apt.		Suite, Apt. #, etc.				REIN-NP	CR2E099 (6/	
W- Gity & Stat	m Beach th	W Palm Beach		4. FEI Number 59-165499				Applied For Not Applicable
334.	17 - USA	33409	Country	<u>A</u>		f Status Desired	Fee Re	<u> </u>
BERNSTE	6. Name and Address of Current	Na	eme T R	- Vi WG	Siles	EZ		
5033 OKE	ECHOBEE BLVD. LM BEACH, FL 33417	Sjj e	reet Address (	P.O Box Number	Not Acceptable	K		
Giva Dan Dan Zip Code								
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE								
FILE NOW!!! FEE IS \$236.25  After January 1, 2005, Fee will be \$297.50  After January 1, 2005, Fee will be \$297.50								
10.	OFFICERS AND DIF		11.		ADDITIONS/CHA	NGES TO OFFICER		
NAME STREET ADDRESS CITY-ST-ZIP	SILBER, IRVING BEDFORD K-263 WEST PALM BEACH, FL	☐ Delete	TITLE NAME STREET ADD CITY-SI-ZI		7:01 12/28/	<b>00436</b> 0401006-	61457 -001 **2	ange Addition   36.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ETSEN, FRAN 271 BEDFORD K WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDMAN¶SCHOWITZ, ESTHER BEDFORD K-265 WEST PALM BEACH, FL	☐ Delete	TITLE HAME STREET ADO CITY-ST-ZI				Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D PALEY, MARION BEDFORD K 259 WEST PALM BEACH, FL	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP EDY, SHARON BEDFORD K-262 WEST PALM BEACH, FL	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1			☐ Cha	inge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADO CITY-ST-ZI				☐ Cha	inge Addition
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 of supplemental report is true and adoltrate 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: 12-31-04 616-06-36 SIGNATURE AND TYPED OR PRINTED PRINTED FROM PROPERTY DATE DATE DESCRIPTION DESCR								