


FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90017 037 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34982

1. Entity Name
BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**263 BEDFORD K
 WEST PALM BEACH, FL 33417 US**

Mailing Address
**SEACREST SERVICES INC
 2400 CENTRE PARK DR W, #175
 WEST PALM BEACH, FL 33409 US**

60013794



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
SEACREST SERVICES INC
 Suite, Apt. #, etc.
2400 CENTRE PARK DR W, #175
 City & State
WEST PALM BEACH FL
 Zip
33409

4. FEI Number
59-1654993

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01202006 Chg-NP CR2E037 (11/05)

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SILBER, IRVING
 263 BEDFORD K
 WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

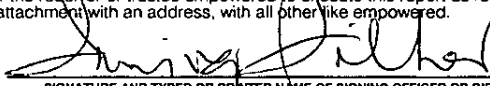
Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILBER, IRVING BEDFORD K-263 WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILBER, IRVING 263 BEDFORD K WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANISCHOWITZ, ESTHER BEDFORD K-265 WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALEY, MARION BEDFORD K 259 WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D FRAN EISEN BEDFORD K - 271 W. P. B. FL. 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDY, SHARON BEDFORD K-262 WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **02-06-06 (561) 616-0636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #