


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90057 050 ****61.25

| | | | | | |
|--|---------------------------|--|---|--|---|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1654993 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SILBER, IRVING 263 BEDFORD K WEST PALM BEACH, FL 33417 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILBER, IRVING | | | NAME | |
| STREET ADDRESS | BEDFORD K-263 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL | | | CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILBER, IRVING | | | NAME | |
| STREET ADDRESS | 263 BEDFORD K | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | | | CITY-ST-ZIP | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANISCHOWITZ, ESTHER | | | NAME | |
| STREET ADDRESS | BEDFORD K-265 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EISEN, FRAN | | | NAME | |
| STREET ADDRESS | BEDFORD K-271 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33417 | | | CITY-ST-ZIP | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDY, SHARON | | | NAME | |
| STREET ADDRESS | BEDFORD K-262 | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL | | | CITY-ST-ZIP | |
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| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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: <i>Irving Silber</i> | | IRVING SILBER | | Date: 03-28-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone #: (561) 616-0636 | |

20007925



02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1654993 Applied For Not Applicable

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

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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: *Irving Silber* IRVING SILBER Date: 03-28-07 (561) 616-0636

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