


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90351 050 \*\*\*\*61.25

<b>DOCUMENT # N36308</b>					
<b>1. Entity Name</b> BEDFORD B CONDOMINIUM ASSOCIATION OF CENTURY VILLAGE, WEST PALM BEACH, FLORIDA, INC.					
<b>Principal Place of Business</b> % SUE GOODMAN BEDFORD B 34 WEST PALM BEACH, FL 33417 US			<b>Mailing Address</b> % SUE GOODMAN BEDFORD B 34 WEST PALM BEACH, FL 33417 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 65-0177648		<b>Applied For</b> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>					<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>  GOODMAN, SUE BEDFORD, B-34 W. PALM BEACH, FL 33417			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P SANTOS, RONALD <i>R. Santos</i> <input type="checkbox"/> Delete 45 BEDFORD ST W. PALM BEACH, FL		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete BAUCHMAN, EDNA 37 BEDFORD B WEST PALM BEACH, FL		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete SCHIFF, SYLVIA BEDFORD B 38 WEST PALM BEACH, FL		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete GOODMAN, SUE BEDFORD B-34 WEST PALM BEACH, FL		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <i>Sue Goodman</i>			4/13/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					