

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90184 047 \*\*\*\*61.25

**DOCUMENT # N36308**

1. Entity Name  
**BEDFORD B CONDOMINIUM ASSOCIATION OF  
CENTURY VILLAGE, WEST PALM BEACH, FLORIDA, INC.**



Principal Place of Business  
**% SUE GOODMAN  
BEDFORD B 34  
WEST PALM BEACH, FL 33417 US**

Mailing Address  
**% SUE GOODMAN  
BEDFORD B 34  
WEST PALM BEACH, FL 33417 US**

**50036154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0177648**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GOODMAN, SUE  
BEDFORD, B-34  
W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **P**  
NAME **DISANDRO, RONALD**  
STREET ADDRESS **45 BEDFORD ST**  
CITY-ST-ZIP **W. PALM BEACH, FL**  
☒ Delete

TITLE **(P)**  
NAME **RALPH COLELLA**  
STREET ADDRESS **43 BEDFORD B**  
CITY-ST-ZIP **W. P. B. FL**  
☒ Change ☐ Addition

TITLE **VP**  
NAME **BAUGHMAN, EDNA**  
STREET ADDRESS **37 BEDFORD B**  
CITY-ST-ZIP **WEST PALM BEACH, FL**  
☐ Delete

TITLE **VP**  
NAME **BAUGHMAN, EDNA**  
STREET ADDRESS **37 BEDFORD B**  
CITY-ST-ZIP **WEST PALM BEACH, FL**  
☐ Change ☒ Addition

TITLE **S**  
NAME **SCHIFF, SYLVIA**  
STREET ADDRESS **BEDFORD B 38**  
CITY-ST-ZIP **WEST PALM BEACH, FL**  
☒ Delete

TITLE **(S)**  
NAME **ANTHONY QUAGLIARIELLO**  
STREET ADDRESS **44 BEDFORD B**  
CITY-ST-ZIP **W. P. B. FL**  
☒ Change ☐ Addition

TITLE **T**  
NAME **GOODMAN, SUE**  
STREET ADDRESS **BEDFORD B-34**  
CITY-ST-ZIP **WEST PALM BEACH, FL**  
☒ Delete

TITLE **(T)**  
NAME **TED TITEESKY**  
STREET ADDRESS **12 BEDFORD B**  
CITY-ST-ZIP **W. P. B. FL**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE **(AT)**  
NAME **SUE GOODMAN**  
STREET ADDRESS **34 BEDFORD B**  
CITY-ST-ZIP **W. P. B. FL**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 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 #

4/7/05-686 9151