

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90040 035 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0177648	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICCIULLI, JOSEPH 32 BEDFORD B W. PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: 4/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P	NAME KEATING, JOHN		TITLE	NAME	
STREET ADDRESS 30 BEDFORD B	CITY-ST-ZIP WEST PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE AT	NAME BAUGHMAN, EDNA		TITLE	NAME	
STREET ADDRESS 37 BEDFORD B	CITY-ST-ZIP WEST PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME MANCINI, SHIRLEY		TITLE	NAME	
STREET ADDRESS 50 BEDFORD B	CITY-ST-ZIP WEST PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME MICCIULLI, JOSEPH T		TITLE	NAME	
STREET ADDRESS 32 BEDFORD B	CITY-ST-ZIP WEST PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME SCHMIDT, ANGELA		TITLE	NAME	
STREET ADDRESS 31 BEDFORD B	CITY-ST-ZIP WEST PALM BEACH, FL 33417		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	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: 4/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					