

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 045 ****61.25

DOCUMENT # N36814					
1. Entity Name BEDFORD "E" ASSOCIATION, INC. OF WEST PALM BEACH					
Principal Place of Business C/O ALBERT J. JOSEPH 121 BEDFORD E WEST PALM BEACH, FL 33417			Mailing Address SEACREST SERVICES INC. 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409		
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 59-1655334	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH, ALBERT J 121 BEDFORD E 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 <i>Albert J. Joseph</i> <small>Signature, typed or printed name of registered agent and use if applicable.</small>			DATE <i>2-7-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VPD NAME GERLACH, EMMA STREET ADDRESS 100 BEDFORD E CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME GERLACH, EMMA STREET ADDRESS 130 BEDFORD E CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JOSEPH, ALBERT J STREET ADDRESS 121 BEDFORD E CITY-ST-ZIP WEST PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME JOSEPH, PATRICIA STREET ADDRESS 121 BEDFORD E CITY-ST-ZIP WEST PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE B NAME BRANCH, ALBERT STREET ADDRESS 118 BEDFORD E CITY-ST-ZIP 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 B NAME TAFT, JAMES STREET ADDRESS 110 BEDFORD E CITY-ST-ZIP 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	<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: <i>Albert J. Joseph</i>			ALBERT J. JOSEPH <i>2-7-08</i> <i>561-653 2037</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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