


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 024 ****61.25

DOCUMENT # N36835

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



Principal Place of Business
**PRIME MANAGEMENT GROUP INC.
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON, FL 33487**

Mailing Address
**PRIME MANAGEMENT GROUP INC.
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON, FL 33487**

40057603



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-1699353

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEIN, GAIL	
STREET ADDRESS	8 BEDFORD A	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENNEY, JUNE	
STREET ADDRESS	16 BEDFORD A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWENTHAL, KATE	
STREET ADDRESS	14 BEDFORD A, UNIT 14	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	WADE, GLORIA	
STREET ADDRESS	14 BEDFORD A, UNIT 14	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, YETTA	
STREET ADDRESS	BEDFORD AV	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYLE, RAY	
STREET ADDRESS	1 BEDFORD A	
CITY-ST-ZIP	W PALM BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Gail Stein* **GAIL STEIN** *4/14/06* **561-688-0450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #