


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90030 035 \*\*\*\*61.25

<b>DOCUMENT # N36835</b> 1. Entity Name <b>BEDFORD A CONDOMINIUM ASSOCIATION OF CENTURY VILLAGE WEST PALM BEACH, FLORIDA, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>			Mailing Address <b>PRIME MANAGEMENT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>		
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 <b>59-1699353</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>SWATT, MYRON</del> <del>6300 PARK OF COMMERCE BLVD.</del> <del>BOCA RATON, FL 33487</del>  <b>RAE Boyle</b> <b>1 Bedford A</b>  <b>WPB FL 33417</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 <u><i>Raffaella Rae Boyle</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Sandy heu. ne VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEIN, GAIL		NAME	17 Bedford A	
STREET ADDRESS	8 BEDFORD A		STREET ADDRESS	WPB FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Peter Strachin <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KENNEY, JUNE		NAME	10 Bedford A	
STREET ADDRESS	16 BEDFORD A		STREET ADDRESS	WPB FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S.D. Isler Jr <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOWENTHAL, KATE		NAME	13 Bedford A	
STREET ADDRESS	14. BEDEORD A, UNIT 14		STREET ADDRESS	WPB FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Karol White <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARCUS, YETTA		NAME	24 Bedford A	
STREET ADDRESS	BEDFORD AV		STREET ADDRESS	WPB FL 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Bill Skaggs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYLE, RAE		NAME	7 Bedford A	
STREET ADDRESS	1 BEDFORD A		STREET ADDRESS	WPB FL 33417	
CITY-ST-ZIP	W PALM BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Boyle, Rae P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	1 Bedford A	
STREET ADDRESS			STREET ADDRESS	W.R. Beach, FL 33417	
CITY-ST-ZIP			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: <u><i>Raffaella Rae Boyle</i></u> <span style="float: right;">Date <u>1/28/08</u> Daytime Phone #</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					