2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # N37378 1. Entity Name BEDFORD D CV CONDOMINIUM ASSOCIATION, INC.								04-17-200	08 900	023 013	****61.2	5
Principal Place of Business 97 BEDFORD D. WEST PALM BEACH, FL 33417 Mailing Address 2575 HOMEWOOD RD. WEST PALM BEACH, FL 33417				33406			141MBB			i an	1 81816 BEREI BIR	(18) 81 (36)
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Ad	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02202008	Chg-NP		CR2E03	7 (12/06)		
City & State		City & State				4. FEI Number 59-167	7255				plied For t Applicable	
Zip	Country	Zip C		Countr	гу		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Age	int				7. Name and	Address of	New Re	gistered A	gent	
PRUITTS	PROPERTY MGMT., INC.				Name /	Deu	1775	PROP	1311	TY	MAN	(~·.
2575 HOMEWOOD RD.					Street Add	dress (P	O. Box Number	er is Not Acce	eptable)			
WE ST PAI	MBEACH, FL 33406			-	48	-95	(u AD	INBR	. 1	N		
					City .		VOA TH	111010		FL	Zip Cod	463
8. The above the obligat	named entity submits this statement for ions of registered agent	or the purpose of	0					th, in the State	e of Flori	ida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or primed name of registered agent	and life it annhable			PRU					3.7 DATE	7-08	
		ано тте паррясация.	(NOIE, N	regisierea Ag	gent signature	e required (when reinstating)			DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		Election Camp. Trust Fund Cor	aign Fina	ancing _		\$5.00 May E Added to Fees	le .	2.00	ke check	payable to ment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DE	9.	Election Campa	aign Fina	ancing _		\$5.00 May B	73.6	Floric	ke check la Depart	ment of S	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 561-697-9053