

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2008 90023 013 ****61.25

DOCUMENT # N37378

1. Entity Name
BEDFORD D CV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**97 BEDFORD D.
WEST PALM BEACH, FL 33417**

Mailing Address
**2575 HOMEWOOD RD.
WEST PALM BEACH, FL 33406**

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

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1677255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRUITTS PROPERTY MGMT., INC.
2575 HOMEWOOD RD.
WEST PALM BEACH, FL 33406**

Name **PRUITTS PROPERTY MGMT.**

Street Address (P.O. Box Number is Not Acceptable)

4895 GARDNER LN

City **LAKELAND FL**

Zip Code **33463**

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

Signature, typed or printed name of registered agent and title if applicable.

DONBIL PRUITT

(NOTE: Registered Agent signature required when reinstating)

3-27-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **TRUITT, SUSAN**
STREET ADDRESS **104 BEDFORD D**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **VD** ☐ Change ☒ Addition
NAME **KENNETH DAVIS**
STREET ADDRESS **97 BEDFORD D**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **PD** ☐ Delete
NAME **HANSON, DOUGLAS**
STREET ADDRESS **99 BEDFORD DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HASON, ELEANOR**
STREET ADDRESS **99 BEDFORD D**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BEFFY, DAVIS**
STREET ADDRESS **97 BEDFORD D**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Eleanor Hansen (ELEANOR HANSEN)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 561-697-9054
Date Daytime Phone #