2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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FILED Mar 28, 2007 8:00 am Secretary of State

DOCUMENT # N37537 1. Entity Name BEDFORD H CONDOMINIUM OF CENTURY VILLAGE INC.						03-28-2007	90005 003 ****	51.25
Principal Place of Business BEDFORD H # 187 W PALM BEACH, FL 33417 US		Mailing Address SEACREST SERVICES, INC 2400 CENTREPARK DR W, SUITE 175 WEST PALM BEACH, FL 33409 US				MINIMINIMINIMINIMINIMINIMINIMINIMINIMIN) E E E
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192007	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2388			pplied For ot Applicable	
Zip Country		Zíp		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Age	ent		7. Name and A	ddress of New R	Registered Agent	
HENRY, D.	AVIDOFF			Name				
187 BEDFORD H W PALM BEACH, FL 33417				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
•		_		City			FL Zip Coo	de e
8. The above named entity submits this statement for the purpose of changing its re								
	ions of registered agent.				,			,
	••							
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable	(NOTE. R	egistered Agent signature re	equired when reinstating)		DATE	
	Filling Fee is \$61.25 Due by May 1, 2007		Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	I	Take check payable to a clear tide.	
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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

3/24/07

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PHYCLIS BAVIDERY