## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37537

FILED Apr 06, 2009 Secretary of State

Entity Name: BEDFORD H CONDOMINIUM OF CENTURY VILLAGE INC.

Current Principal Place of Business: New Principal Place of Business:

BEDFORD H # 187 204 BEDFORD H

W PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33417 US

Current Mailing Address: New Mailing Address:

SEACREST SERVICES, INC
2400 CENTREPARK DR W, SUITE 175
WEST PALM BEACH, FL 33409 US
SEACREST SERVICES INC
2400 CENTREPARK DR W #175
WEST PALM BEACH, FL 33409 US

FEI Number: 59-2388425 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENRY, DAVIDOFF SHANE, SHEILA 187 BEDFORD H 204 BEDFORD H

W PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33417 US

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.

SIGNATURE: SHEILA SHANE 04/06/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: P (X) Change () Addition

Name: DAVIDOFF, PHYLLIS Name: SHANE, SHEILA
Address: 187 BEDFORD H Address: 204 BEDFORD H

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D ( ) Delete Title: VPS (X) Change ( ) Addition Name: LEVINE, JUDITH Name: LEVINE, JUDITH

Name: LEVINE, JUDITH Name: LEVINE, JUDITH
Address: 184 BEDFORD H Address: 184 BEDFORD H

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: PD () Delete Title: T (X) Change () Addition

Name: DAVIDOFF, HENRY Name: GOLDSTEIN, ALLYN
Address: 187 BEDFORD H Address: 196 BEDFORD H

City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 NOVAK, SYLVIA

 Address:
 Address:
 195 BEDFORD H

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: ( ) Delete Title: D ( ) Change (X) Addition Name: FISHMAN, SEYMOUR

Name: Name: FISHMAN, SEYMOUR
Address: Address: 194 BEDFORD H

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CORONA MS 04/06/2009