

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29986

**FILED**  
**Mar 23, 2023**  
**Secretary of State**  
**7704811613CC**

**Entity Name:** BEDFORD C CV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

77 BEDFORD C  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

PRUITTS PROPERTY MANAGEMENT INC  
PO BOX 540217  
GREENACRESS, FL 33454 US

**FEI Number:** 59-1654208

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
625 NORTH FLAGLER DRIVE, 7TH FLOOR  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name POIX, SHEILA  
Address 72 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT  
Name NARVAEZ, MARY  
Address 77 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER  
Name DIGIACOMO, RONNIE  
Address 66 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name WALLS, JEAN  
Address 71 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name SANFILIPPO, ROSALIA  
Address 68 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY  
Name POIX, SHEILA  
Address 72 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name ROJAS, ERAIDE  
Address 76 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name CROCITTO, DOMINICK  
Address 65 BEDFORD C  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby 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 all other like empowered.*

**SIGNATURE:** NARVAEZ, MARY

**PRESIDENT**

**03/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date