

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34982

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC9411635076**

**Entity Name:** BEDFORD "K" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

275 BEDFORD K  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

BEDFORD K C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1654993

**Certificate of Status Desired:** No

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

MOORE, JOAN  
275 BEDFORD K  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name LADOUCEUR, GABRIEL  
Address 257 BEDFORD K  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name ARANA, LUIS  
Address 271 BEDFORD K  
City-State-Zip: WEST PALM BEACH FL 33417

Title P  
Name MOORE, JOAN  
Address 275 BEDFORD K  
City-State-Zip: WEST PALM BEACH FL 33417

Title S  
Name MANASHOWITZ, ESTHER  
Address 265 BEDFORD K  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name PANAGIOTAKOS, VIVIAN  
Address 276 BEDFORD K  
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:** ESTHER MANASHOWITZ (KR)

**SECRETARY**

**04/14/2016**

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

\_\_\_\_\_  
Date