

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
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90 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N00415 (2)**  
1. Corporation Name  
**BEDFORD J CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/16/1983** 3a. Date of Last Report **04/25/1994**

4. Fil Number **59-2155870** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GREENE, ROBERT E.  
PROFESSIONAL COMMUNITY SERVICES CORP.  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable) **Florida Lifestyle Management**  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature) Typed or printed name of registered agent and the filer after \_\_\_\_\_ (Typed) Registered Agent signature required when transferring. (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>WINCHESTER, GEORGE</b> STREET ADDRESS <b>1801 BEDFORD TERR., #225</b> CITY, ST, ZIP <b>SUN CITY CENTER FL</b>	1.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DV</b>	NAME <b>WITTER, FREDERICK</b> STREET ADDRESS <b>1801 BEDFORD TERR. #240</b> CITY, ST, ZIP <b>SUN CITY CENTER FL</b>	2.1 TITLE <b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>PACE, JEAN</b> STREET ADDRESS <b>1801 BEDFORD TERR #232</b> CITY, ST, ZIP <b>SUN CITY CTR, FL 00000</b>	3.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DS</b>	NAME <b>FROEMMING, ELROY J</b> STREET ADDRESS <b>1801 BEDFORD TERR. #228</b> CITY, ST, ZIP <b>SUN CITY CTR, FL 00000</b>	4.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	NAME <b>GALBRAITH, RUTH</b> STREET ADDRESS <b>1801 BEDFORD TERR #219</b> CITY, ST, ZIP <b>SUN CITY CTR, FL 00000</b>	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or 13 if changed, or on an attachment with an address.

SIGNATURE: *Elroy J Froemming* **ELROY J FROEMMING** 3/2/95 813-634-4711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)