


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00415 (2)

1. Corporation Name
BEDFORD J CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1804 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	Mailing Address 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351
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3. Date Incorporated or Qualified 12/16/1983	
4. FEI Number 59-2155870	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA LIFESTYLE MANAGEMENT
~~PROFESSIONAL COMMUNITY SERVICES CORP.~~
1804 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name
ROBERT E. GREENE

82 Street Address (P.O. Box Number is Not Acceptable)
%FLORIDA LIFESTYLE MANAGEMENT

83 (same)

84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WITTER, FRED		1.2 NAME	
STREET ADDRESS 1801 BEDFORD TERR., #J-240		1.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL 33573		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCATTE, NORM		2.2 NAME	
STREET ADDRESS 1801 BEDFORD TERR. #220		2.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PACE, JEAN		3.2 NAME ROLLASON, ELIZABETH	
STREET ADDRESS 1801 BEDFORD TERR #232		3.3 STREET ADDRESS 1801 BEDFORD TERRACE #236	
CITY-ST-ZIP SUN CITY CTR, FL 00000		3.4 CITY-ST-ZIP SUN CITY CENTER FL	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FROEMMING, ELROY J		4.2 NAME	
STREET ADDRESS 1801 BEDFORD TERR. #228		4.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CTR, FL 00000		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSSMAN, CHARLES		5.2 NAME	
STREET ADDRESS 1801 BEDFORD TERRACE, J219		5.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CTR, FL 00000		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. J. Froemming* **E. J. FROEMMING** 3/4/98 813-234-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047388

CR2E037 (10/97)