

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90020 015 ****61.25

DOCUMENT # N00415

1. Entity Name

BEDFORD J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-5912

2. Principal Office of
Sterling Management, Inc.

3. Mailing Office of
Sterling Management, Inc.

723 Imar Drive
 Sun City Center, FL 33573

723 Imar Drive
 Sun City Center, FL 33573

City & State

City & State

4. FEI Number

59-2155870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, ROBERT E
 C/O FLORIDA LIFESTYLE MGMT
 1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573**

Name and Address of New Registered Agent

**Brian L. May/Sterling Management
 723 Imar Drive
 Sun City Center, FL 33573**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D <input checked="" type="checkbox"/> Delete	GERDES, BOB	1801 BEDFORD TERR #236	SUN CITY CENTER FL	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Frances Dkoneski	1801 Bedford Terrace, J240	Sun City Center, FL 33573
SD <input type="checkbox"/> Delete	MCATTE, NORM	1801 BEDFORD TERR. #220	SUN CITY CENTER FL	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Liebowitz, Archie	1801 Bedford Terr. J217	Sun City Center, FL 33573
TD <input type="checkbox"/> Delete	ROLLASON, ELIZABETH	1801 BEDFORD TERRACE #236	SUN CITY CENTER FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD <input checked="" type="checkbox"/> Delete	FROEMMING, ELROY J	1801 BEDFORD TERR. #228	SUN CITY CTR, FL 00000	Resident <input type="checkbox"/> Change <input type="checkbox"/> Addition	Vacant		
VD <input checked="" type="checkbox"/> Delete	ROSSMAN, CHARLES	1801 BEDFORD TERRACE, J219	SUN CITY CTR, FL 00000	President <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. Rossman
 SIGNATURE REQUIRED

5/31/00

813 731 5883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)