

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-28-2002 91651 045 ****61.25

DOCUMENT # N00415

1. Entity Name

BEDFORD J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

STERLING MANAGEMENT, INC.
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573-4351

STERLING MANAGEMENT, INC.
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573-4351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

MAT, BRIAN L
 723 IMAR DRIVE
 STERLING MANAGEMENT
 SUN CITY CENTER FL 33573

Name **BECKER & POLIAKOFF, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
2401 WEST BAY DRIVE, SUITE 414

City **LARGO**

FL

Zip Code **33770**

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

Ellen Hirsch de Haan

Signature typed or printed name of registered agent and firm if applicable
ELLEN HIRSCH DE HAAN, J.D. FOR THE FIRM

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	P	<input type="checkbox"/> Delete
NAME	OKONIESKI, FRANCES	
STREET ADDRESS	1801 BEDFORD TERRACE J240	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCATTE, NORM	
STREET ADDRESS	1801 BEDFORD TERR. #220	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROLLASON, ELIZABETH	
STREET ADDRESS	1801 BEDFORD TERRACE #236	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIBOWITZ, HAROLD	
STREET ADDRESS	1801 BEDFORD TERR J217	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	LORENZI, EDWARD	
STREET ADDRESS	1801 BEDFORD TERRACE J 228	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Frances Okoniewski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 813-642-8480

CR2E037 (9/01)