


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90359 024 ****61.25

DOCUMENT # N00415
 1. Entity Name
BEDFORD J CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
STERLING MANAGEMENT, INC.
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

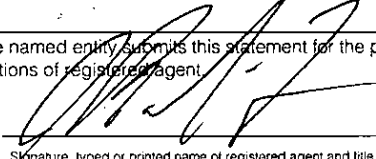


MOORE CR2E037 (11/03)

4. FEI Number **59-2155870** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DE FURIO, JAMES R
101 E. KENNEDY BLVD.
SUITE 1030
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Add: **James R. Defurio, Esquire**
101 E. Kennedy Blvd. Suite 3000
 City **Tampa, FL 33602** 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  DATE **4-27-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OKONIESKI, FRANCES	
STREET ADDRESS	1801 BEDFORD TERRACE J240	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
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 checked="" type="checkbox"/> Delete
NAME	LEIBOWITZ, HAROLD	
STREET ADDRESS	1801 BEDFORD TERR J217	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NICKERSON, TED	
STREET ADDRESS	1801 BEDFORD TERR., J220	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAIGE, LORENZI	
STREET ADDRESS	1801 BEDFORD TERR., J228	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ridley, Pat	
STREET ADDRESS	1801 Bedford Terrace J-224	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ciuffia, Lucy	
STREET ADDRESS	1801 Bedford Terrace J-219	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Apr. 28, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #