## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N00415**

1. Entity Name BEDFORD J CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1701-B RICK Sun City Cen	Enbacker	1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573					1   18	1881   1881   1881	 	5/// 6/ <b>/</b> // 1/3	I EIDH 1184 818H 8	£11184 94 1884		
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				020220	006 (	Chg-NP	CR2	E037 (11/05)			
City & State			Cit	City & State				4. FEI Number Applied For 59-2155870 Not Applicable						
Zìp Country		Zip	Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required							
Name and Address of Current Registered Agent								7. Name	e and Ac	Idress of New	Register	ed Agent		
LAW OFF OF JAMES R DE FURIO, P.A.						Name								
201 EAST KENNEDY BLVD SUITE 1460							Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33602							City Zip Code							
1				'							•	-L		
	ions of regis	ty submits this statement for tered agent. 				<u>-</u> .		ed agent,		in the State of	Florida. I		n, and accept	
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Filing Trust Fund Contribution						_		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State						
	Due by .	nay, i, 2000	l l					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 000			<b>_</b>	ļ	
10.	Due by i	OFFICERS AND DIE	RECTORS		11.							DIRECTORS	IN 10	
10.	PD	OFFICERS AND DI	RECTORS		TITL	='	D	ADDITION	S/CHAN	GES TO OFFI				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 tike empowered.

SIGNATURE: WILL Y

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 01, 2006 8:00 am Secretary of State

05-01-2006 90320 010 \*\*\*\*61.25

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