

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90156 020 \*\*\*\*61.25

**DOCUMENT # N00415**

1. Entity Name  
**BEDFORD J CONDOMINIUM ASSOCIATION, INC.**



\*\*\*\*\*New Address\*\*\*\*\*

Sterling Management  
1701-B Rickenbacker Drive  
Sun City Center, FL 33573

\*\*\*\*\*New Address\*\*\*\*\*

Sterling Management  
1701-B Rickenbacker Drive  
Sun City Center, FL 33573

0000001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2155870</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>HECKER &amp; POLIAKOFF, P. A.</b> <b>2401 WEST BAY DR. STE. 414</b> <b>STERLING MANAGEMENT</b> <b>LARGO FL 33770</b>				Name			
				Street			
				City			
				Zip Code			
				<b>James R. De Furio, Esquire</b> <b>101 E. Kennedy Blvd., Suite 1030</b> <b>Tampa, FL 33602</b>			

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: *James R. De Furio Attorney* DATE: **MAR 25 2003**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>OKONIESKI, FRANCES</b>			NAME	<b>Nickerson, Ted</b>		
STREET ADDRESS	<b>1801 BEDFORD TERRACE J240</b>			STREET ADDRESS	<b>1804 Bedford Terr. J220</b>		
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>			CITY-ST-ZIP	<b>Sun City Center, FL 33573</b>		
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROLLASON, ELIZABETH</b>			NAME	<b>Lorenzi, Paige</b>		
STREET ADDRESS	<b>1801 BEDFORD TERRACE #236</b>			STREET ADDRESS	<b>1801 Bedford Terr. J228</b>		
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>			CITY-ST-ZIP	<b>Sun City Center, FL 33573</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEIBOWITZ, HAROLD</b>			NAME			
STREET ADDRESS	<b>1801 BEDFORD TERR J217</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LORENZI, EDWARD</b>			NAME			
STREET ADDRESS	<b>1801 BEDFORD TERRACE J 228</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **SIGNATURE REQUIRED** *Frances P. Okoniewski 2-26-03 642-8480*

CR2E037 (10/02)