FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00423** (6)

1. Corporation Name

BEDFORD A 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 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1983	3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2133689	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENE, ROBERT E. % PROFESSIONAL COMMUNITY SERVICES CORP. 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) % Florida Lifestyle Management 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, IRVING	1.2 NAME	
STREET ADDRESS	1802 BEDFORD LANE #17	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LUCKER, PAULINE	2.2 NAME	
STREET ADDRESS	1802 BEDFORD LANE, #9	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	TOSCANO, JOSEPH	3.2 NAME	
STREET ADDRESS	1802 BEDFORD LANE #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, KENNETH	4.2 NAME	
STREET ADDRESS	1802 BEDFORD LANE #24	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Chaiton, Florence
STREET ADDRESS		5.3 STREET ADDRESS	1802 Bedford Lane, A21
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sun City Center FL
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Mekulon, Ken
STREET ADDRESS		6.3 STREET ADDRESS	1908 Canterbury Lane, K25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sun City Center FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Shapiro IRVING SHAPIRO 3/28/95 634-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013865