

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90152 027 ****61.25

DOCUMENT # N00423

1. Corporation Name

BEDFORD A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/16/1983

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

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TSD
NAME CHAITON, FLORENCE
STREET ADDRESS 1802 BEDFORD LANE #A-21
CITY-ST-ZIP SUN CITY CENTER FL

TITLE D
NAME LUCKER, PAULINE
STREET ADDRESS 1802 BEDFORD LANE, #9
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE PD
NAME PAVLICK, JEAN
STREET ADDRESS 1802 BEDORD LANE, A4
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE VD
NAME HOEHLER, MARY
STREET ADDRESS 1802 BEDFORD LANE, A2
CITY-ST-ZIP SUN CITY CENTER FL

TITLE D
NAME PAVLICK, KENNETH
STREET ADDRESS 1802 BEDFORD LANE, A4
CITY-ST-ZIP SUN CITY CENTER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D. JRNE TOWNSEND
1802 BEDFORD LN #A-13
SUN CITY CENTER, FL

14. 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 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, with all other like empowered.

SIGNATURE: Jean PAVLICK

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jean F Paulick 3-16-99 813-634-0706

CR2E037 (1/98)