

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00423

1. Entity Name

BEDFORD A CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90019 023 ****61.25

Principal Place of Business

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-5912

2. Principal Place of Business

Sterling Management, Inc.

Suite, Apt. # **723 Imar Drive**

City & State **Sun City Center, FL 33573**

Zip

Country

3. Mailing Address

Sterling Management, Inc.

Suite, Apt. # **723 Imar Drive**

City & State **Sun City Center, FL 33573**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2133689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Brian L. May/Sterling Management
723 Imar Drive
Sun City Center, FL 33573

Zip 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.

SIGNATURE

Brian L. May

(NOTE: Registered Agent signature required when reinstating)

DATE

5-5-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☒ NAME **D** ☒ Delete
NAME **TOWNSEND, JANE**
STREET ADDRESS **1802 BEDFORD LN #A-13**
CITY-ST-ZIP **SUN CITY CTR FL**

TITLE ☐ NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Shelbia Markley**
CITY-ST-ZIP **1802 Bedford Lane, A6**
Sun City Center, FL 33573

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Constance Clark**
CITY-ST-ZIP **1802 Bedford Lane, A8**
Sun City Center, FL 33573

TITLE ☐ Change ☐ 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: *JEAN TOWNSEND*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00
Date

813-634-0200
Daytime Phone #

CR2E037 (9/99)