

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90081 047 ****61.25

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| DOCUMENT # N00423 1. Entity Name BEDFORD A CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 | | Mailing Address STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 | |
| 2. Principal Place of Business - No P.O. Box # Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573 | | 3. Mailing Address Apt. #, etc. State Country | |
| | | 4. FEI Number 59-2133689 | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAW OFF OF JAMES R DE FURIO, P.A. 201 EAST KENNEDY 1460 TAMPA, FL 33602 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE PD NAME FISHER, DAN STREET ADDRESS 13602 WILKES DR CITY-ST-ZIP SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | TITLE D NAME Connie Clark STREET ADDRESS 1362 Bedford lane A-8 CITY-ST-ZIP Sun City center Fl. 33573 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE STD NAME MARKLEY, SHELBA STREET ADDRESS 1802 BEDFORD LN. A-1 CITY-ST-ZIP SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | TITLE D NAME Anne Gannon STREET ADDRESS 1362 Bedford lane A-12 CITY-ST-ZIP Sun City center Fl. 33573 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VPD NAME FREDERICK, RONALD STREET ADDRESS 1802 BEDFORD LANE A-9 CITY-ST-ZIP SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME TOSCANO, MARGERET STREET ADDRESS 1802 BEDFORD LN A-11 CITY-ST-ZIP SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 like empowered. | | | |
| SIGNATURE: <u>Sherlin B. Markley, Sec/Treas</u> 3/6/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |