

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

FILED
Apr 26, 2006
Secretary of State

Entity Name: BEDFORD PARK AT TRADITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1850 FOUNTAINVIEW BLVD., STE. 201
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

10521 SW VILLAGE CENTER DRIVE
SUITE 201
PORT ST. LUCIE, FL 34987

Current Mailing Address:

1850 FOUNTAINVIEW BLVD., STE. 201
PORT ST. LUCIE, FL 34986

New Mailing Address:

10521 SW VILLAGE CENTER DRIVE
SUITE 201
PORT ST. LUCIE, FL 34987

FEI Number: 57-1172949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRADITION DEVELOPMENT COMPANY, LLC
1850 FOUNTAINVIEW BLVD., STE. 201
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: PETER SOUZA

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, JAMES
Address: 1850 FOUNTAINVIEW BLVD., STE. 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD () Delete
Name: ZBORIL, JAMES
Address: 1850 FOUNTAINVIEW BLVD., STE. 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: STD () Delete
Name: GALLAGHER, JOHN
Address: 1850 FOUNTAINVIEW BLVD., STE. 201
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, LORETTA
Address: 10521 SW VILLAGE CENTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VPD (X) Change () Addition
Name: ROBINSON, LORI
Address: 10521 SW VILLAGE CENTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: SD (X) Change () Addition
Name: GALLAGHER, JOHN
Address: 10521 SW VILLAGE CENTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GALLAGHER

SD

04/26/2006

Electronic Signature of Signing Officer or Director

Date