

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2007  
Secretary of State**

DOCUMENT# N03000005139

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 57-1172949      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date