

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 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:

BAYSHORE ASSOCIATION MANAGEMENT
1304 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983 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: JOHN GALLAGHER 10/03/2007

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 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 10/03/2007

Electronic Signature of Signing Officer or Director Date