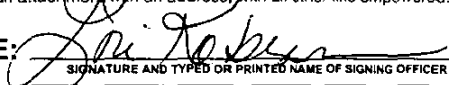


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90094 036 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N03000005139					
1. Entity Name BEDFORD PARK AT TRADITION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST. LUCIE, FL 34987		Mailing Address 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST. LUCIE, FL 34987			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 57-1172949	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAYSHORE ASSOCIATION MANAGEMENT 1304 SW BAYSHORE BLVD. PORT ST. LUCIE, FL 34983			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	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LORETTA		NAME	Stwe Howard	
STREET ADDRESS	10521 SW VILLAGE CENTER DRIVE		STREET ADDRESS	10795 SW Civic Ln.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34987		CITY-ST-ZIP	PORT ST. LUCIE, FL 34987	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	STW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, LORI		NAME	Stwe Telenico	
STREET ADDRESS	10521 SW VILLAGE CENTER DRIVE		STREET ADDRESS	10795 SW Civic Ln	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34987		CITY-ST-ZIP	PORT ST. LUCIE, FL 34987	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JOHN		NAME		
STREET ADDRESS	10521 SW VILLAGE CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34987		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40075000

