
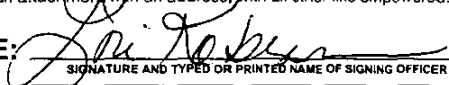


FILED
Apr 21, 2008 8:00 am
Secretary of State

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 | | | | | |

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