2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005139

FILED Apr 28, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	VILLAGE CE	NTER DRIVE			
UITE 201 ORT ST.	LUCIE, FL 34	1987			
current Mailing Address:		ss:	New Mailing Address:		
	VILLAGE CEN	NTER DRIVE			
UITE 201 ORT ST.	LUCIE, FL 34	1987			
El Number:	: 57-1172949	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BAYSHORE ASSOCIATION MANAGEMENT 304 SW BAYSHORE BLVD.			BAYSHORE ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE		
		LVD.		EY PLACE	
ORT ST.	BAYSHORE B LUCIE, FL 34	LVD. 1983 US	430 NW LAKE WHITNE PORT ST. LUCIE, FL 3	EY PLACE 34986 US	
ORT ST. he above	BAYSHORE B LUCIE, FL 34	LVD. 1983 US	430 NW LAKE WHITNE	EY PLACE 34986 US	
ORT ST. he above the State	BAYSHORE B LUCIE, FL 34 named entity of Florida.	LVD. 1983 US	430 NW LAKE WHITNE PORT ST. LUCIE, FL 3	EY PLACE 34986 US	
ORT ST. he above the State	BAYSHORE B LUCIE, FL 34 named entity of Florida.	LVD. 1983 US	430 NW LAKE WHITNE PORT ST. LUCIE, FL 3 e purpose of changing its registered	EY PLACE 34986 US I office or registered agent, or both,	
ORT ST. he above the State	BAYSHORE B LUCIE, FL 34 named entity of Florida.	LVD. 1983 US submits this statement for the	430 NW LAKE WHITNE PORT ST. LUCIE, FL 3 e purpose of changing its registered gent	EY PLACE 34986 US office or registered agent, or both, 04/28/2009	
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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: STEVE TELERICO STD 04/28/2009