

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:

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:

BAYSHORE ASSOCIATION MANAGEMENT
1304 SW BAYSHORE BLVD.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986 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: _____ Date: 04/28/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORN, STEVE
Address: 10795 SW CIVIC LN.
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: STD () Delete
Name: TELERICO, STEVE
Address: 10795 W CIVIC LN.
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: SD (X) 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: STEVE TELERICO STD 04/28/2009
Electronic Signature of Signing Officer or Director Date