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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N36563**

1. Corporation Name

**BEDFORD AT THE LAKES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

113 NW BENTLEY CIR  
 PORT ST. LUCIE FL 34986  
 US

Mailing Address

113 NW ENTLEY CIR  
 PORT ST. LUCIE FL 34986  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0172399**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNETT, JANE  
 401 EAST OSCEOLA ST.  
 STUART FL 34995

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME CLOUSER, JACK  
 STREET ADDRESS 245 NW BENTLEY CR  
 CITY-ST-ZIP PORT ST. LUCIE FL 34986

1.1 TITLE PRES.  Change  Addition  
 1.2 NAME EDMUND BENOIT  
 1.3 STREET ADDRESS 148 N.W. BENTLEY CIRCLE  
 1.4 CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE VD  DELETE  
 NAME MEYERUWITZ, MIKE  
 STREET ADDRESS 316 NW BENTLEY CR  
 CITY-ST-ZIP PORT ST. LUCIE FL 34986

2.1 TITLE DIRECTOR  Change  Addition  
 2.2 NAME GEORGE BLOKAS  
 2.3 STREET ADDRESS 248 N.W. BENTLEY CIRCLE  
 2.4 CITY-ST-ZIP PORT ST. LUCIA FL. 34986

TITLE SD  DELETE  
 NAME KELLY, MARION  
 STREET ADDRESS 324 NW BENTLEY CR  
 CITY-ST-ZIP PORT ST. LUCIE FL 34986

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME NOVELLI, DOROTHY  
 STREET ADDRESS 1568 NW AMHERST DR  
 CITY-ST-ZIP PORT ST. LUCIE FL 34986

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME MEDLEDEFF, GEORGE  
 STREET ADDRESS 116 NW BENTLEY DR  
 CITY-ST-ZIP PORT ST. LUCIE FL 34986

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Novelli* SIGNATURE REQUIRED *DOROTHY NOVELLI* 1/29/99 (561) 878-4086  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)