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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		26		02/12/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0172399	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30		Country	

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	85	Zip Code
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOUSER, JACK		1.2 NAME	Edmund BENOIT	
STREET ADDRESS	245 NW BENTLEY CR		1.3 STREET ADDRESS	148 N.W. Bentley Circle	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		1.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERUWITZ, MIKE		2.2 NAME	GEORGE BLOKAS	
STREET ADDRESS	316 NW BENTLEY CR		2.3 STREET ADDRESS	248 N.W. Bentley Circle	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		2.4 CITY-ST-ZIP	PORT ST. LUCIA FL. 34986	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MARION		3.2 NAME		
STREET ADDRESS	324 NW BENTLEY CR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELLI, DOROTHY		4.2 NAME		
STREET ADDRESS	1568 NW AMHERST DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEDEFF, GEORGE		5.2 NAME		
STREET ADDRESS	116 NW BENTLEY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)